

How to read an Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a great way to keep track of your healthcare benefits and how your health plan processed a healthcare claim. They look similar to a bill, but they function a little differently. The EOB will be in the form of a letter that includes a chart showing how your claim was processed.

Here are some key elements of an EOB, so you can better understand what it is showing you:

Name of patient: Make sure your name or the name of another person who is on the plan is displayed on the EOB.

Insured ID number: This should match the number on your ID card.

Claim number: The number by which you and your medical plan will be able to refer to a claim should you have questions or concerns.

Provider: The name of the healthcare provider who rendered this service. This could be the name of a specific doctor, or of a hospital or other location.

Date of service: The start and end date of the service.

Type of service: A description of the service.

Healthcare provider charge: The amount billed to your medical plan by the provider.

Cost covered by your medical plan: The total your health plan paid for your services.

What you owe: Any balance the provider billed that was not covered by your medical plan. You will receive an actual bill later that reflects this amount.

EOBs are important because they can help you understand your benefits, and what is being covered based on your individual benefits plan. Always check your EOB and make sure the information displayed is accurate. If the information is not accurate, then you should call the customer service number located on the back of your ID card.

To save on costs, choose an in-network provider. Find one using the Ascension Personalized Care Provider Search Tool online.

Get more information about your Ascension
Personalized Care medical plan by visiting
ascensionpersonalizedcare.com



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