



BlueCross BlueShield of Texas

PO Box 7344
Chicago, IL 60680-7344

Jon Smith
1234 Cedar Road
APT #2
Any Town, TX 76065

Sample

EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**



Log in to Blue Access for MembersSM at bcbstx.com to see plan and claim details or to contact us through our secure Message Center.



Have questions about this EOB? Customer Advocates are here to help! **800-409-9462**

TOTAL OF CLAIM(S)

Amount billed	\$7,850.00
Discounts, reductions and payments	-\$6,149.00
You may have to pay your provider	\$1,701.00

SUBSCRIBER INFORMATION

GROUP NAME HERE
Member ID#: **BCS88899977V** Group #: **000012345**

We reviewed the claim for this patient based on the additional information received regarding other group health care coverage involvement. Blue Cross and Blue Shield has negotiated discounts with this provider. The following show how this claim was adjusted.

SERVICE DETAIL - CLAIM (1)

PATIENT: JON SMITH
SERVICE DATE: 04/04/2016

PROVIDER: Ralph Johnston M.D.

CLAIM # 012345687
Processed: 06/20/2016

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinsurance	Amount not covered
Surgical Charges	4,000.00	(1) 1,800.00	2,200.00	1,000.00	240.00	
Recovery Room	900.00	(1) 410.00	490.00		98.00	
Med/Surg Supplies	300.00	(1) 140.00	160.00		32.00	
Med/Surg Supplies	100.00					(2) 100.00
Laboratory Services	1,200.00	(1) 820.00	380.00		76.00	
Laboratory Services	200.00	(1) 160.00	40.00		8.00	
MRI Outpatient	850.00	(1) 440.00	410.00		82.00	
Drugs	200.00	(1) 110.00	90.00	50.00		
Muscle Manipulation	100.00	(1) 50.00	50.00	15.00		
CLAIM TOTALS	\$7,850.00	\$3,930.00	\$3,820.00	\$1,065.00	\$536.00	\$100.00

* Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.

¹ The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.

² Your Health Care Plan does not provide benefits for surgical assistant services when billed by the same physician who performed the surgery or administered the anesthesia. No payment can be made.

Total covered benefits approved for this claim: \$2,219.00 to Ralph Johnston M.D. on 06-20-16.

SUMMARY - CLAIM (1)

PLAN PROVISIONS		YOUR RESPONSIBILITY	
Amount covered (allowed)*	\$3,820.00	Deductible and copay amount	+\$1,065.00
Deductible and copay amount	-\$1,065.00	Coinsurance	+\$536.00
Coinsurance	-\$536.00	Amount not covered	+\$100.00
Total	\$2,219.00	You may have to pay your provider	\$1,701.00

Health Care Fraud Hotline: 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com

Benefit Period: 01-01-16 Through 12-31-16 To date this patient has met \$1,000.00 of her/his \$1,000.00 Health Care Plan Deductible.