

# How to read an EOB:

P21707003000

20000122745102



Pearce Administration  
PO Box 2409  
FLORENCE, SC 29501

If you have any questions

(888) 722-1668

The top portion of this box shows basic information about the claims including: The Claim Number assigned by the insurance company, the insured's name, and the claimant's (patient) name.

John Doe  
1234 University BLVD. #301  
Anywhere, GA 30001

This portion indicates the insured's account number with their provider, the date the statement was mailed, the group that the insured participates, and the account numbers associated with the carrier.

This box represents the type of service that was performed.

This box represents the copay amount or your deductible amount that was applied to this claim.

This box represents the amount that was covered after your deductible, copay, and excluded charges were subtracted.

Claim No.: 092365597-3 RB

Insured: John Doe

Claimant Relationship:

Claimant: John Doe

Patient#: Doe4157889-1

Date: 10/23/2009

Group: United States University

Group#: AH0000050

Subgroup#: 0000007686

Account #: 07626

EIN#: 123456789

ENV 2325 5 OF 12

## EXPLANATION OF BENEFITS

\*\*\* THIS IS NOT A BILL \*\*\*

Line No.	Provider	Service Description	Date(s) Of Service	Total Charges	Excluded Charges	Co-Pay / Deductible	Covered Expense	Paid At	Balance Paid By Plan	
01	DR. FEELINGWELL	MED EQUIP	09/25/2009	4,500.00	1,326.00	45.77	3,128.23	80%	2,502.58	
TOTALS				4,500.00	1,326.00	45.77	3,128.23		2,502.58	
									Amount Payable	2,502.58
									Patient Responsibility	671.42

This box represents the name of the physician or facility where services were performed.

This box represents the date the services were performed.

This box represents the amount the provider charged.

This box represents the percentage of the covered charges that were paid.

Check Issued To: DR. FEELINGWELL  
Amount: 2,502.58

### Claim Remarks

Line No.	Explanation
1	(Line 01-\$1,326.00)PAID IN ACCORDANCE WITH FIRST HEALTH PPO NETWORK. PATIENT IS NOT RESPONSIBLE FOR THE DISCOUNTED AMOUNT.

This section explains the line numbers above and the reason that the charges were excluded. This is mainly used as an explanation of a discount that is not the patient's responsibility.

This box represents the amount that is excluded or not covered. Further explanation is shown to the left.