EOB stands for Explanation of Benefits. This is a document we send you to let you know a claim has been processed. The most important thing for you to remember is an EOB is NOT a bill. It’s letting you know which healthcare provider has filed a claim on your behalf, what it was for, whether it was approved, and for how much. You should always review your EOB to make sure it’s correct. Here’s a breakdown on how to read your EOB.

### What’s an EOB and why do I need it?

In the upper right portion of your EOB you’ll find general information. If a payment was made to the provider, you’ll see the check details in the top boxes. Below that are things like the claim and policy number, your ID numbers, both the insured’s and the patient’s name, as well as the provider’s name and address.

<table>
<thead>
<tr>
<th>CHECK NO.</th>
<th>CHECK DATE</th>
<th>CHECK AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567</td>
<td>01/01/11</td>
<td>$516.02</td>
</tr>
</tbody>
</table>

#### Breakdown:

- **Network discount if applicable.**
- **Charges for services not covered by your policy.**
- **The dollar amount claimed by your provider.**
- **Also called CPT Code, used to document medical procedures performed.**
- **Dollar amount for covered benefits.**
- **Dollar amount you’re required to pay for certain Covered Medical Expenses.**
- **Dollar amount required to be paid before benefit payment is made.**
- **Total paid by your insurance.**
- **Dollar amount owed by insured.**

### Table Example

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Service</th>
<th>Dates of Service From To</th>
<th>Proc Code</th>
<th>Amount Claimed</th>
<th>Ineligible</th>
<th>Discount</th>
<th>Total Covered</th>
<th>Co-Pay</th>
<th>Policy Deductible</th>
<th>Total Benefits</th>
<th>Patient Balance</th>
<th>Remark Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EMERGENCY ROOM LABORATORY</td>
<td>08/04/10-08/04</td>
<td>67340</td>
<td>845.03</td>
<td>100.00</td>
<td>20.00</td>
<td>845.03</td>
<td>300.00</td>
<td>436.02</td>
<td>409.01</td>
<td>409.01</td>
<td>642</td>
</tr>
</tbody>
</table>

**Totals:** 945.03 925.03 300.00 516.02 409.01

### Remarks:

- 642- This service was processed under the Preventive Care benefit in your policy.
- Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.
- Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.

The code in the Remark column is explained in this section.