

# how to read an eob

explanation of benefits

**#GILSBAR**  
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Claim No.: 999999999-9  
 Group: SAMPLE COMPANY

Group #: S2202  
 Participant: JANE SMITH

Claimant: JOHN SMITH  
 Patient ID: 999999999999999  
 Paid Date: 12/01/2008

The **PATIENT's** name

JANE SMITH  
 123 DOC STREET  
 ANYTOWN, US 00000-0001

## EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Line No.	Provider	Date(s) Of Service	Description	Total Charges	Excluded Charges	Co-Pay	Deductible	Eligible Expense	Paid At	Balance Paid By Plan
01	CLINIC OF COVINGTON	11/20-11/20/2008	OFFICE VISIT	6.00	0.00	6.00	0.00	0.00	0%	0.00
02	CLINIC OF COVINGTON	11/20-11/20/2008	X-RAY	74.00	11.10	14.00	0.00	48.90	100%	48.90
03	CLINIC OF COVINGTON	11/20-11/20/2008	X-RAY	72.00	10.80	0.00	0.00	61.20	100%	61.20
04	CLINIC OF COVINGTON	11/20-11/20/2008	LABWORK	16.00	2.40	0.00	0.00	13.60	100%	13.60
TOTALS				168.00	24.30	20.00	0.00	123.70		123.70
Total Payments										123.70
Patient Responsibility										20.00

Annual Deductible

2008 Year to Date deductible applied - Individual: .00 Family: 130.94

Claim Remarks:

Line No. Explanation

2,3,4 (Line 02-\$11.10) (Line 03-\$10.80) (Line 04-\$2.40) Discount which you are not obligated to pay.

\*\*\* THE EMPLOYEE RETIREMENT AND INCOME SECURITY ACT (ERISA) PROVIDES YOU OR YOUR AUTHORIZED REPRESENTATIVE THE RIGHT TO APPEAL THIS ADVERSE BENEFIT DETERMINATION. TO REQUEST AN APPEAL YOU OR YOUR AUTHORIZED REPRESENTATIVE MUST SEND GILSBAR A WRITTEN REQUEST FOR AN APPEAL WITHIN 180 DAYS OF RECEIPT OF THIS NOTICE. PLEASE REFER TO YOUR PLAN BOOKLET FOR THE SPECIFIC INFORMATION REQUIRED TO BE INCLUDED IN A REQUEST FOR APPEAL. THE INTERNAL RULES, GUIDELINES, PROTOCOLS, CRITERIA, OR STANDARDS FOR DETERMINING MEDICAL NECESSITY, EXPERIMENTAL TREATMENT OR SIMILAR EXCLUSIONS OR LIMITS WHICH WERE RELIED UPON IN MAKING THIS ADVERSE BENEFIT DETERMINATION WILL BE PROVIDED TO YOU FREE OF CHARGE PLEASE CALL GILSBAR TO OBTAIN A COPY OF THIS INFORMATION. AN APPEAL OF THIS CLAIM MUST BE DECIDED WITHIN 60 DAYS OF RECEIPT OF THE REQUEST FOR APPEAL. IF THE APPEAL RESULTS IN ANOTHER ADVERSE BENEFIT DETERMINATION AND YOU DISAGREE WITH THAT FINDING, ERISA SECTION 502(A) GRANTS YOU THE RIGHT TO TAKE CIVIL ACTION. PLEASE REFER TO YOUR PLAN BOOKLET FOR FURTHER INFORMATION.

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**WHAT IS AN EOB?** An EOB is a document sent to the insured each time a claim is handled by Gilsbar. The EOB explains how reimbursement was made, or why a claim was not paid and if any additional information is needed.

### 1. EXCLUDED CHARGES

Charges not eligible, which could be a discount written off by the provider, or a charge you are responsible for paying.

### 2. CO-PAY

The amount you are responsible for paying a PPO provider when a service is rendered.

### 3. DEDUCTIBLE

The amount of the charge applied to the deductible.

### 4. ANNUAL DEDUCTIBLE

The total amount applied to the deductible year-to-date for you and your family.

### 5. EXPLANATION

An explanation by Line No. of the reasons certain charges were excluded.

### 6. PATIENT RESPONSIBILITY

This could include an amount applied to your deductible, a co-pay amount paid to a PPO provider, coinsurance (your %), a charge excluded by the plan, or a charge previously considered.