

How to read your **Explanation of Benefits Statement (EOB)**

Refer to the following for descriptions of the numbered items on the sample EOB on the next/back page.

EOB Field Explanations:

- 1** Your name and address appears here.
- 2** Easy-to-read customer service phone number and Web site.
- 3** Includes: member name; patient name; certificate number; group name; claim number; patient number; date EOB was processed; network, if applicable; group number.
- 4** Dates of Service are the dates the services were provided. For some services (such as hospital stays), there will be a range of dates.
- 5** Service Code is the type of service provided (such as doctor visit, x-ray or lab). The Explanation of Service Codes provides additional information (see box 21).
- 6** Total Charge is the dollar amount charged by the provider of service.
- 7** Ineligible is any dollar amount not covered by the Plan. Ineligible amounts are further explained in Reason Code Description (see box 22).
- 8** Reason Code denotes why a service is ineligible. An explanation appears in Reason Code Description (see box 22).
- 9** If a Network Savings is applicable to the claim, the savings amount is shown in this column.
- 10** Eligible Amount is the portion of the submitted bill being considered for payment. This amount reflects deductions for Network Savings and Ineligible costs, if applicable.
- 11** Benefit CoPay shows the portion that you are responsible for paying (for example, a \$10.00 co-payment for a doctor office visit).
- 12** Deductible Amount indicates the portion of the submitted bill that is applied to your deductible.
- 13** Balance is the dollar amount eligible for coinsurance and final payment.
- 14** Paid % is the coinsurance percentage rate at which the Balance is paid, as shown in your Schedule of Benefits.
- 15** Amount Paid is the dollar amount that is paid by your Plan.
- 16** Other Carrier Payments is the dollar amount paid by another insurance or health plan.
- 17** Total Net Payment shows the dollar amount paid to the provider or enrollee.
- 18** Patient Responsibility shows the dollar amount that you are responsible for paying.
- 19** Accumulators shows the amount of money applied to individual and family deductibles and out-of-pocket maximum.
- 20** Payment To is the name of the payee (for example, the health care service provider).
- 21** This Service Code section further explains the Service Code numbers (see box 5).
- 22** Reason Code Description explains any Ineligible services (see box 7 and 8).



AVMA Group Health & Life Insurance Trust
 PO Box 909720
 Chicago, IL 60690-9720

WHITE STOCK

201304232055
 10
TEST

Electronic Service Requested

1 0 0104



BETH ZZTEST2
 2700 MIDWEST DR
 ONALASKA, WI 54650-8763



ENV 1 1 OF 1

Contact Customer Service
1-800-621-6360
 Check claims and eligibility on-line at
www.avmaghlit.org

Member: BETH ZZTEST2
Patient: BETH ZZTEST2
Certificate #: 920607863
Group: AVMA GHLIT
Group Number: AVMA001
Patient #:
Network: Out of Network

Claim #: 34498383-01
Check #:
Date: 04/12/2013

**THIS IS NOT A BILL - Explanation of Benefits for Services Provided By:
 GUNDERSEN CLINIC LTD**

Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Network Savings	Eligible Amount	Benefit CoPay	Deductible Amount	Balance	Paid %	Amount Paid
01/01-01/01/2013	25	150.00	0.00	10	0.00	150.00	0.00	0.00	150.00	100%	150.00
TOTALS		150.00	0.00		0.00	150.00	0.00	0.00	150.00		150.00
Other Carrier Payments											35.00
Total Net Payment											115.00
Patient Responsibility											0.00

Accumulators:

2013 Individual deductible met
 2013 Individual out of pocket met
 2013 Family deductible met
 2013 Family out of pocket met

Service Code

25 OFFICE VISIT

Payment To:

GUNDERSEN CLINIC LTD 115.00 0019000060

Amount

Check No.

Reason Code Description

10 Benefits coordinated with primary carrier

Messages

*** Please call the trust office at 1-800-621-6360 if you have any question(s) regarding services that were not covered on this claim.
 *** If you suspect any form of insurance/benefit fraud, please call our fraud hotline at 1-800-876-7858.
 *** Please direct all correspondence relating to this claim to: AVMA Group Health & Life Insurance Trust, Insured by New York Life Insurance Company, PO Box 909720, Chicago IL 60690-9720, 1-800-621-6360.

IMPORTANT INFORMATION: Your current GHLIT medical insurance coverage will continue throughout 2013 provided the applicable premium is paid in a timely manner. All proof of eligible charges for medical care incurred in calendar year 2013 must be submitted no later than 90 days after the date such expenses have been incurred in accordance with the group policy provisions. It is strongly recommended that all charges or questions on billing statements be submitted within 30 days from the date of service or as soon as reasonably possible. 2013 medical claim expenses submitted later than June 30, 2014 will not be considered for reimbursement unless extenuating circumstances for the late filing can be provided.

For instructions on "How to access UMR's Website from the AVMA GHLIT Website", go to www.avmaghlit.org, click on "For Member"; click on "Access Claim Information"; and then click on "How to access UMR's website".

For instructions on "How to Read your EOB", go to www.avmaghlit.org, click on "For Member"; click on "Access Claim Information"; and then click on, "How to Read your EOB".

If we have denied your request for the provision of, or payment for, a health care service or course of treatment you have the right to have our decision reviewed by an independent review organization not associated with us, if our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service or treatment you requested by submitting a written request for an external review to us. Upon receipt of your request, an independent review organization registered with the Department of Insurance will be assigned to review our decision.

You may supply additional information with your appeal. You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.

VOID