HOW TO READ AN EXPLANATION OF BENEFITS & MEDICAL BILL

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Department of Radiological Sciences
University of California, Irvine

UCI Health

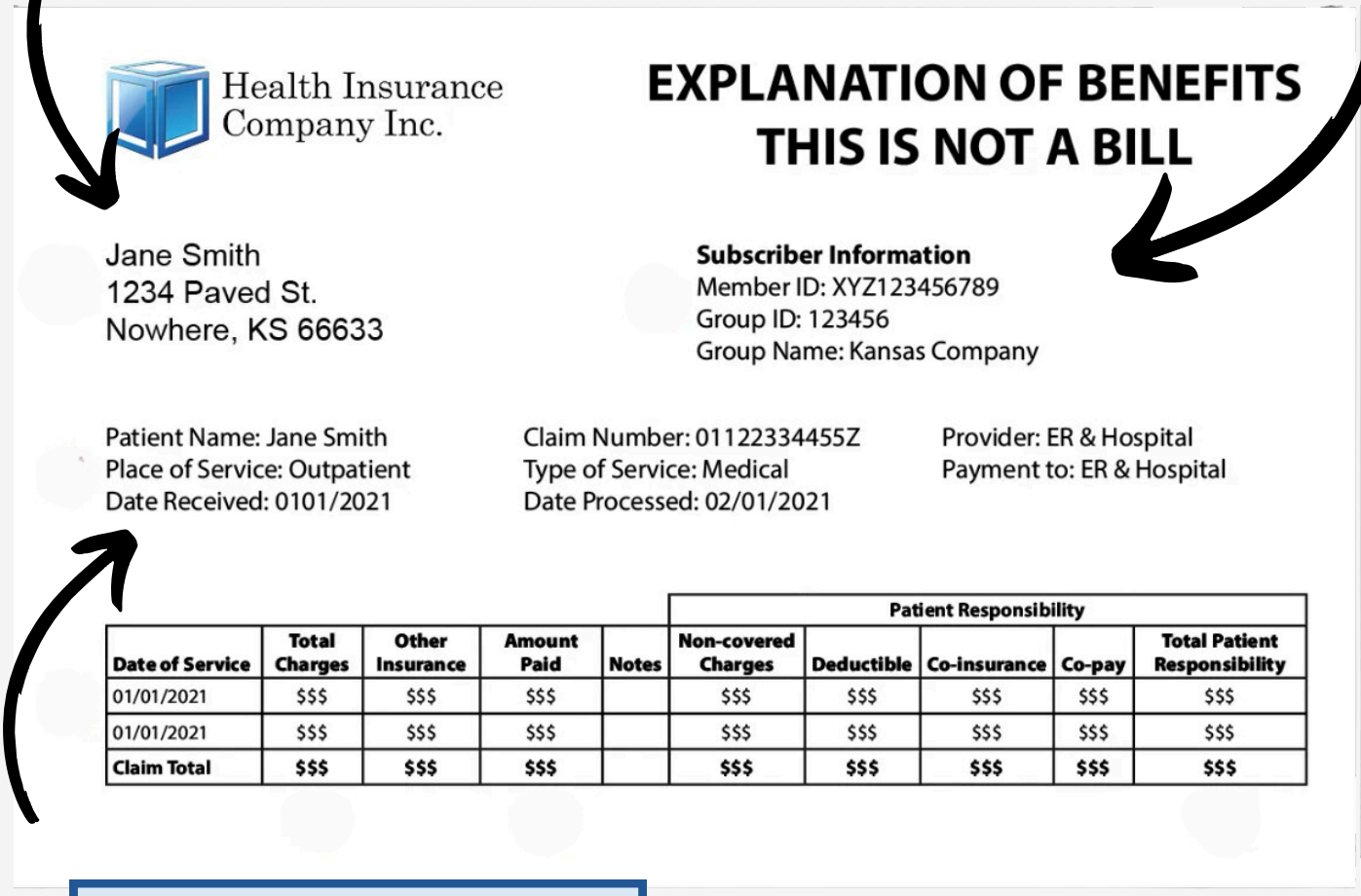
TABLE OF CONTENTS

Explanation of Benefits

Explanation of benefits (NOT the actual bill) is a document from your health insurance plans, it describes:

1. **Your name and address**

2. Your Insurance Information



Health Insurance Company Inc.

EXPLANATION OF BENEFITS
THIS IS NOT A BILL

Jane Smith
1234 Paved St.
Nowhere, KS 66633

Subscriber Information
Member ID: XYZ123456789
Group ID: 123456
Group Name: Kansas Company

Patient Name: Jane Smith
Place of Service: Outpatient
Date Received: 0101/2021

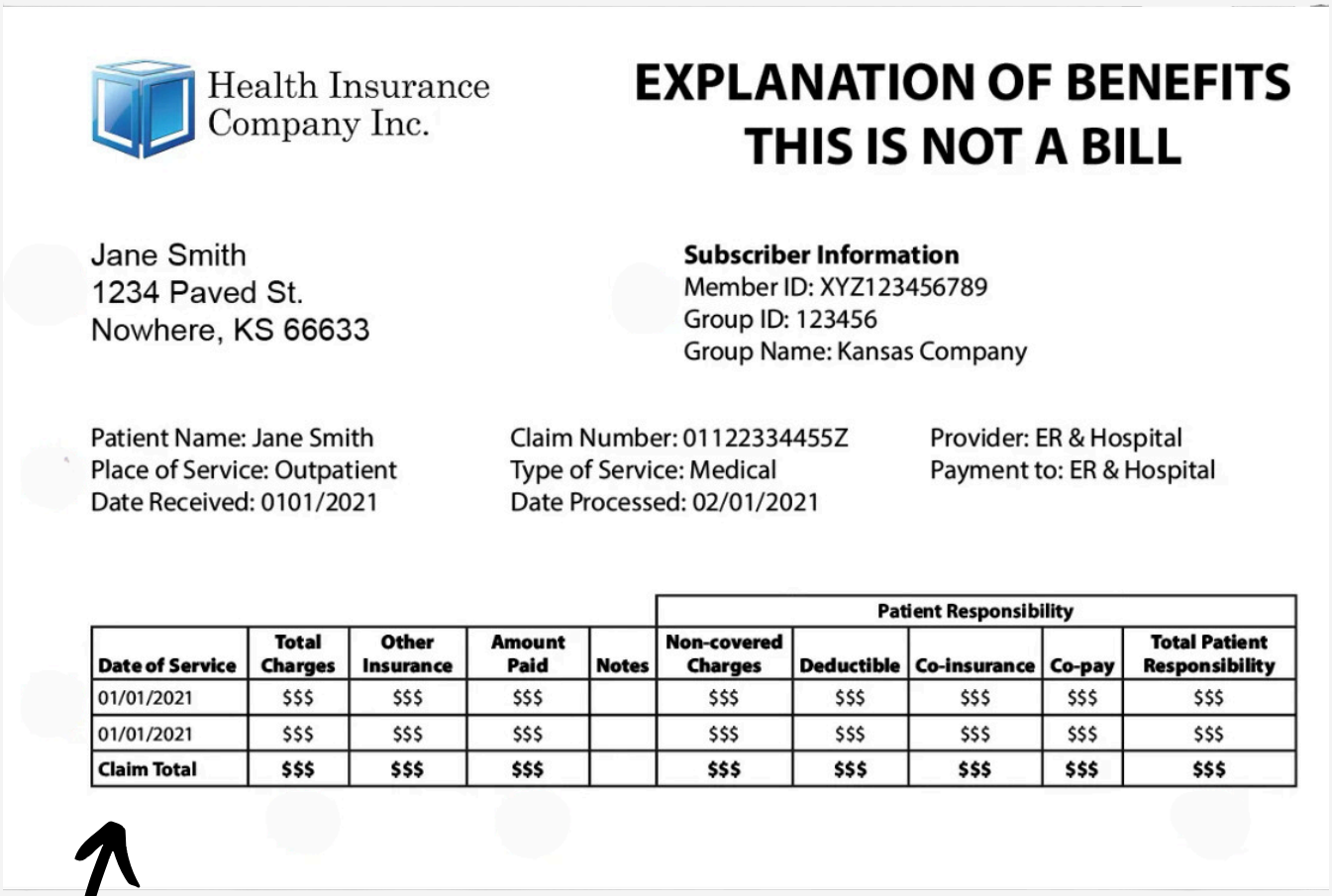
Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2021

Provider: ER & Hospital
Payment to: ER & Hospital

					Patient Responsibility				
Date of Service	**Total Charges**	**Other Insurance**	**Amount Paid**	**Notes**	**Non-covered Charges**	**Deductible**	**Co-insurance**	**Co-pay**	**Total Patient Responsibility**
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

3. Date of service and provider details

Explanation of Benefits



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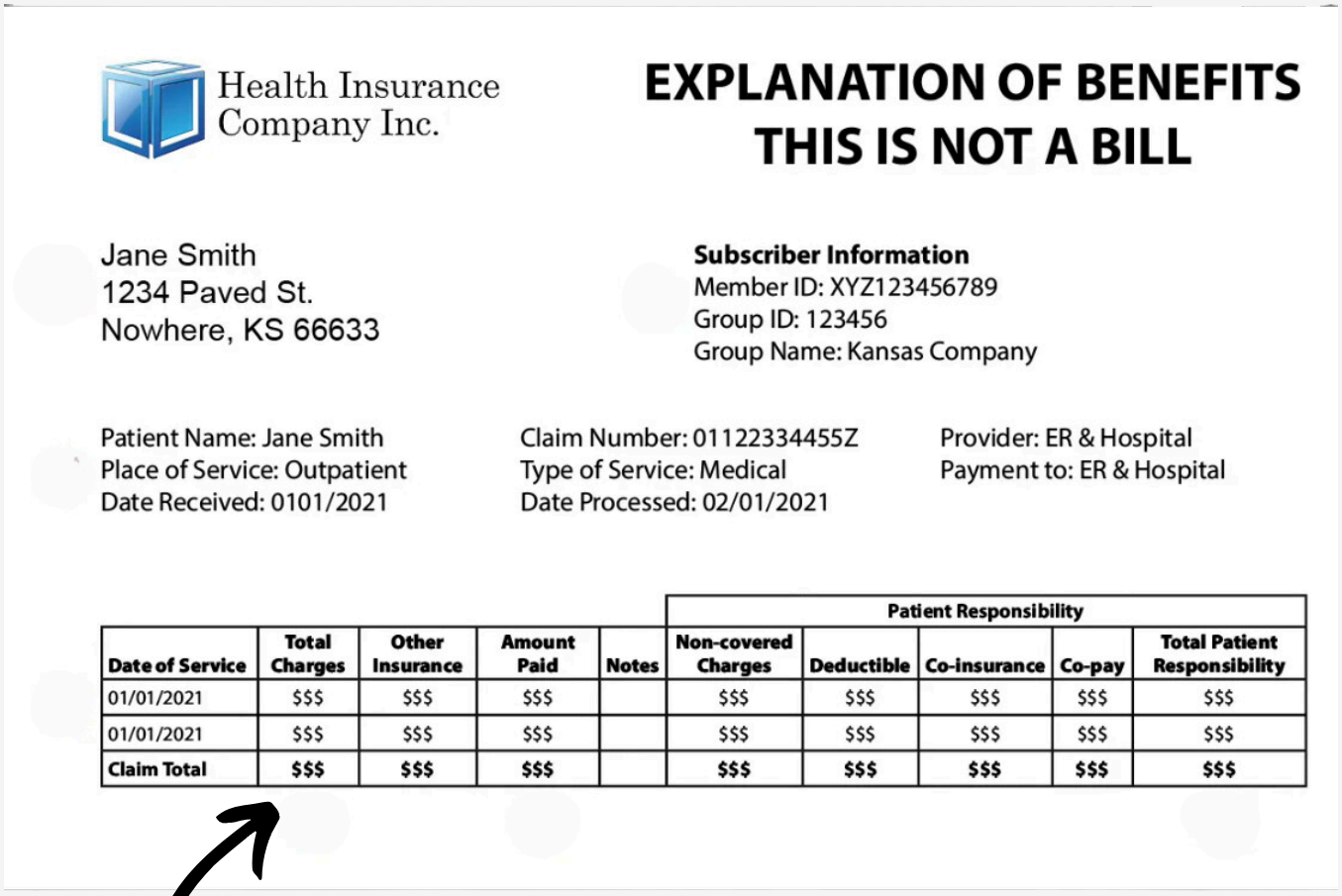
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

4. **Service Details:** Normally lists individual services, the amount your insurer paid, your deductible, and copay amounts.

Explanation of Benefits



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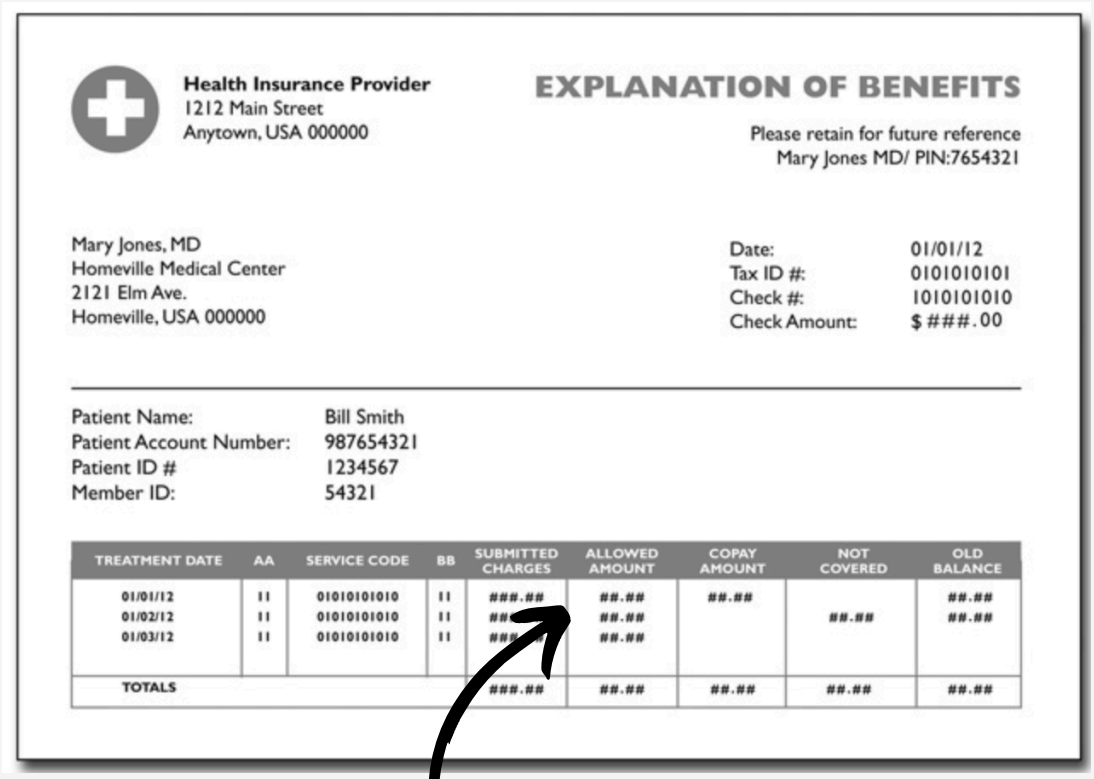
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

5. “Total Charges” also called “Total Amount Charged” or “Total Billed”, are the cost of services or supplies that the provider bills you.

Explanation of Benefits



Health Insurance Provider
1212 Main Street
Anytown, USA 000000

EXPLANATION OF BENEFITS

Please retain for future reference
Mary Jones MD/ PIN:7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 000000

Date: 01/01/12
Tax ID #: 0101010101
Check #: 1010101010
Check Amount: $###.00

Patient Name: Bill Smith
Patient Account Number: 987654321
Patient ID # 1234567
Member ID: 54321

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPAY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	11	01010101010	11	###.##	##.##	##.##		##.##
01/02/12	11	01010101010	11	###.##	##.##		##.##	##.##
01/03/12	11	01010101010	11	###.##	##.##			
TOTALS				###.##	##.##	##.##	##.##	##.##

6. "Allowed Amount" also called, "Eligible Expense" or "Negotiated Rate" is the maximum amount a plan will pay for your covered service.

If your provider or facility does not participate in your health insurance plan's network and charges are more than the plan's allowed amount, you may have to pay the difference.

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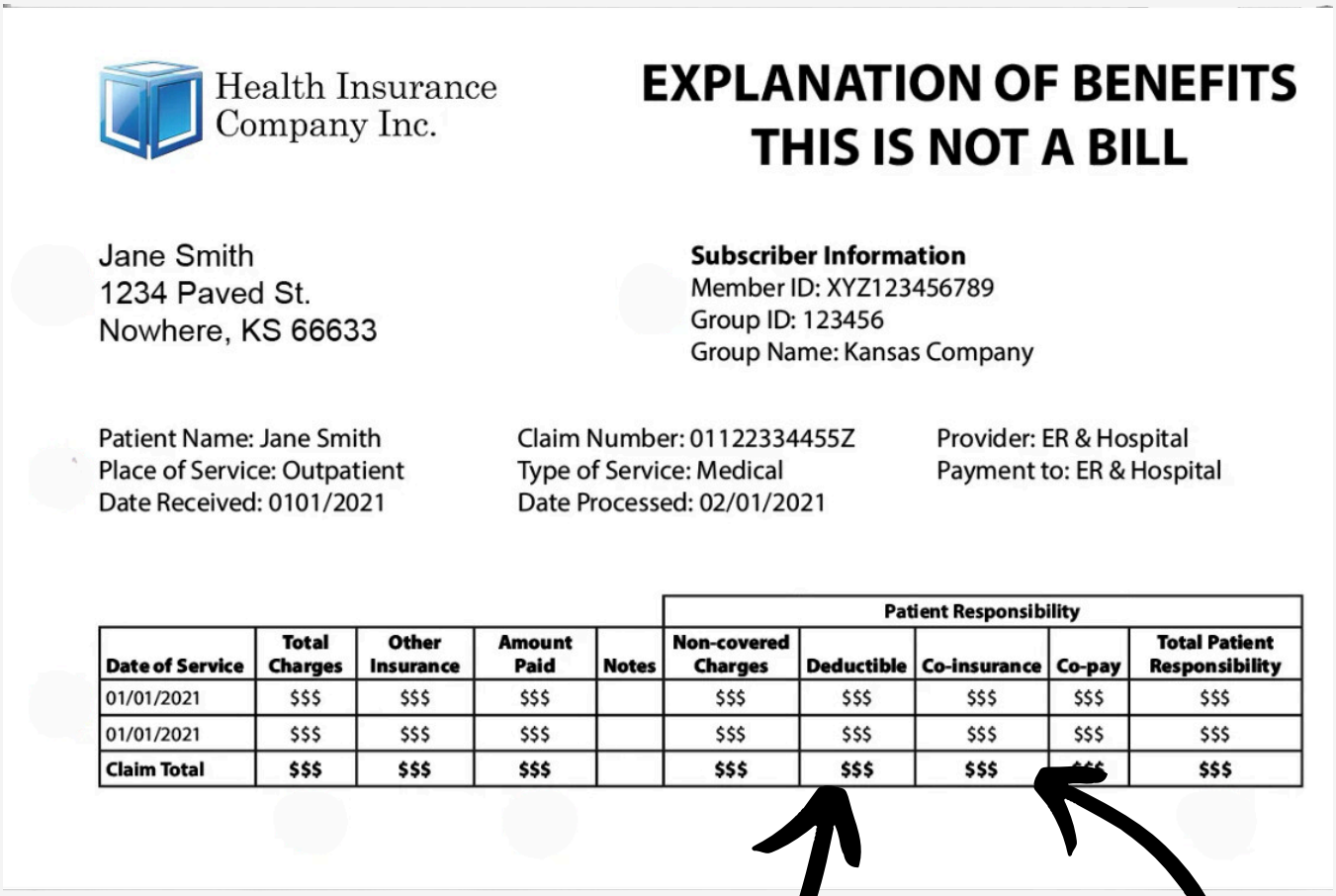
01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

7. Total amount your insurer paid.

Explanation of Benefits



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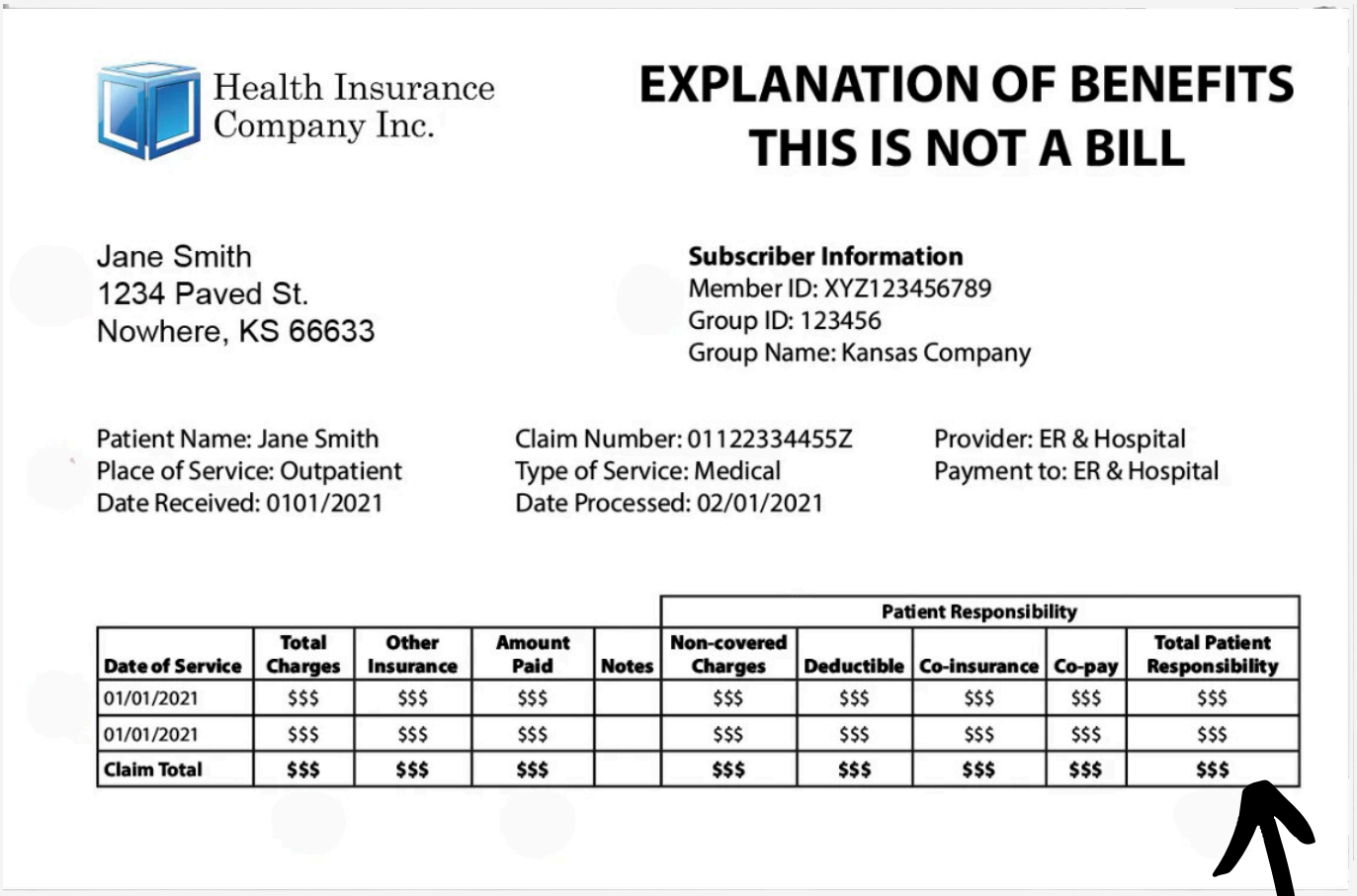
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

8. Deductible: Is the amount you have to pay before your insurance kicks in.

9. Co-pays and Co-insurance: Co-pays are set amounts (like $20 for a doctor visit), while coinsurance is a percentage of the cost (like 20%).

Explanation of Benefits



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01/01/2021	$$$	$$$	$$$		$$$	$$$	$$$	$$$	$$$
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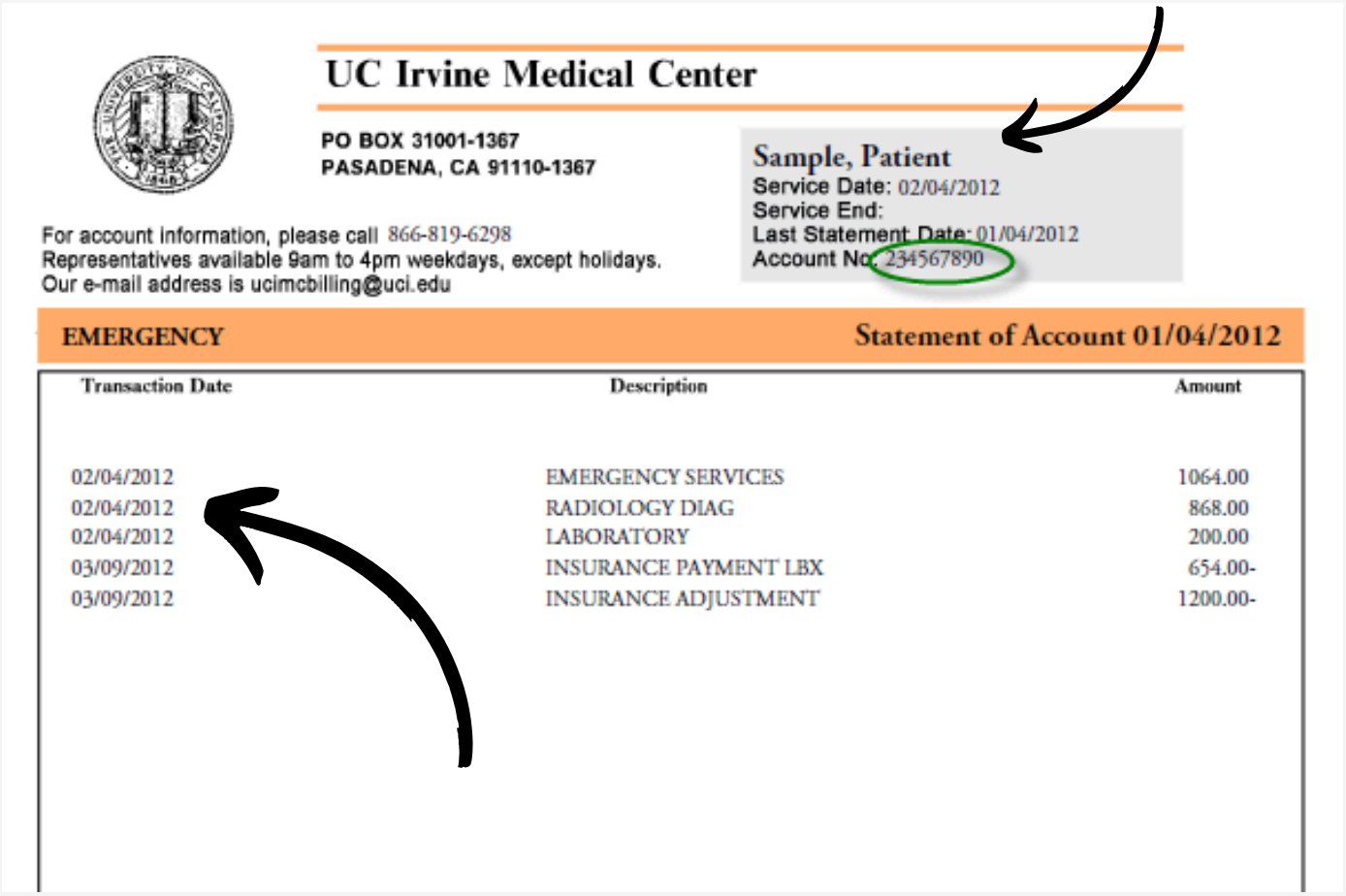
Claim Total	**$$$**	**$$$**	**$$$**		**$$$**	**$$$**	**$$$**	**$$$**	**$$$**

10. Total amount you need to pay

Medical Bill

1. **Your name and address**
2. **At the top of the page, you may also see the provider and where you got care.**



UC Irvine Medical Center

PO BOX 31001-1367
PASADENA, CA 91110-1367

Sample, Patient
Service Date: 02/04/2012
Service End:
Last Statement Date: 01/04/2012
Account No: 234567890

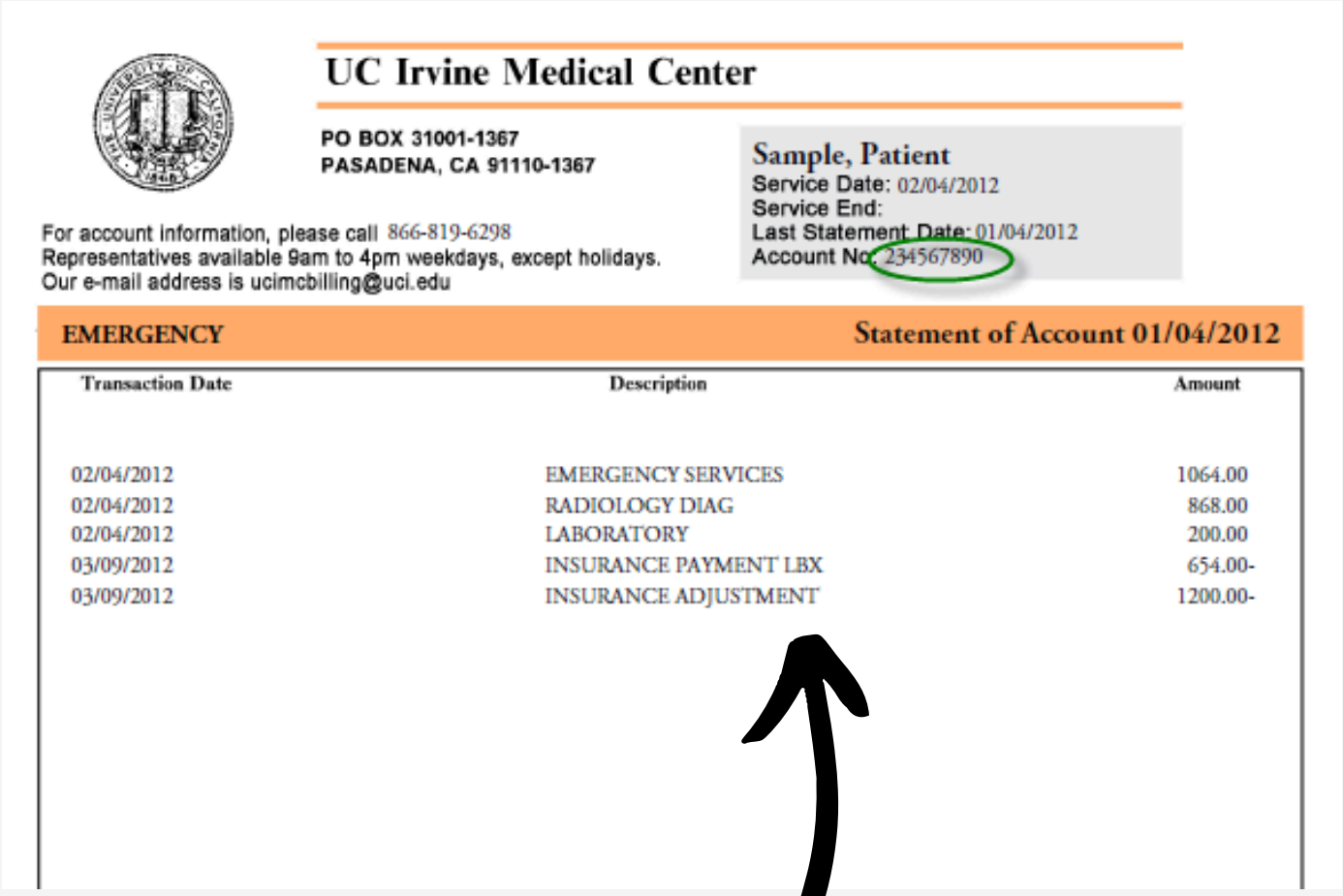
For account information, please call 866-819-6298
Representatives available 9am to 4pm weekdays, except holidays.
Our e-mail address is ucimcbilling@uci.edu

EMERGENCY — **Statement of Account 01/04/2012**

Transaction Date	Description	Amount
02/04/2012	EMERGENCY SERVICES	1064.00
02/04/2012	RADIOLOGY DIAG	868.00
02/04/2012	LABORATORY	200.00
03/09/2012	INSURANCE PAYMENT LBX	654.00-
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

3. Date of service

Medical Bill



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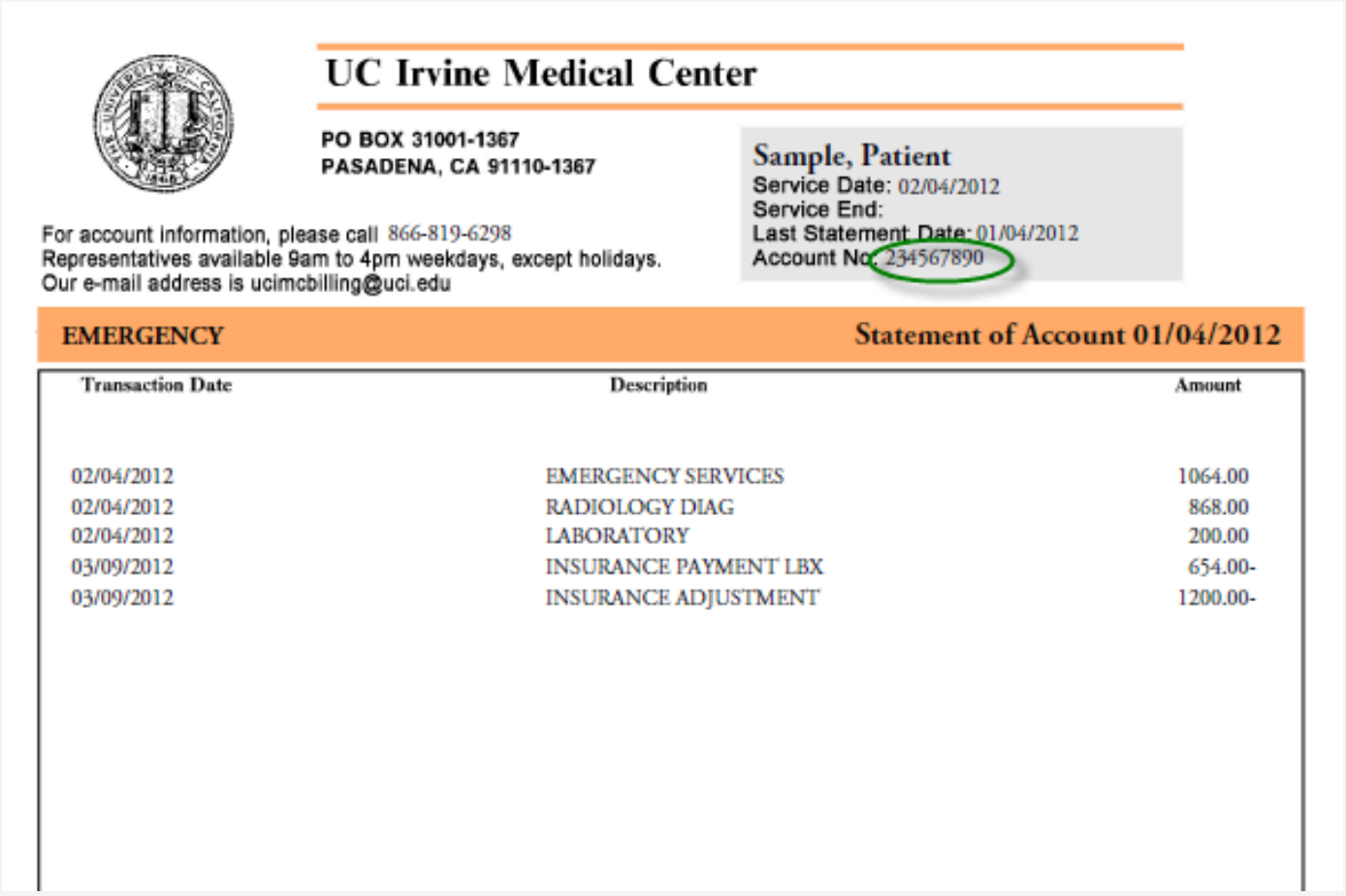
4. Description of service (You may also see medical codes).

Medical Bill



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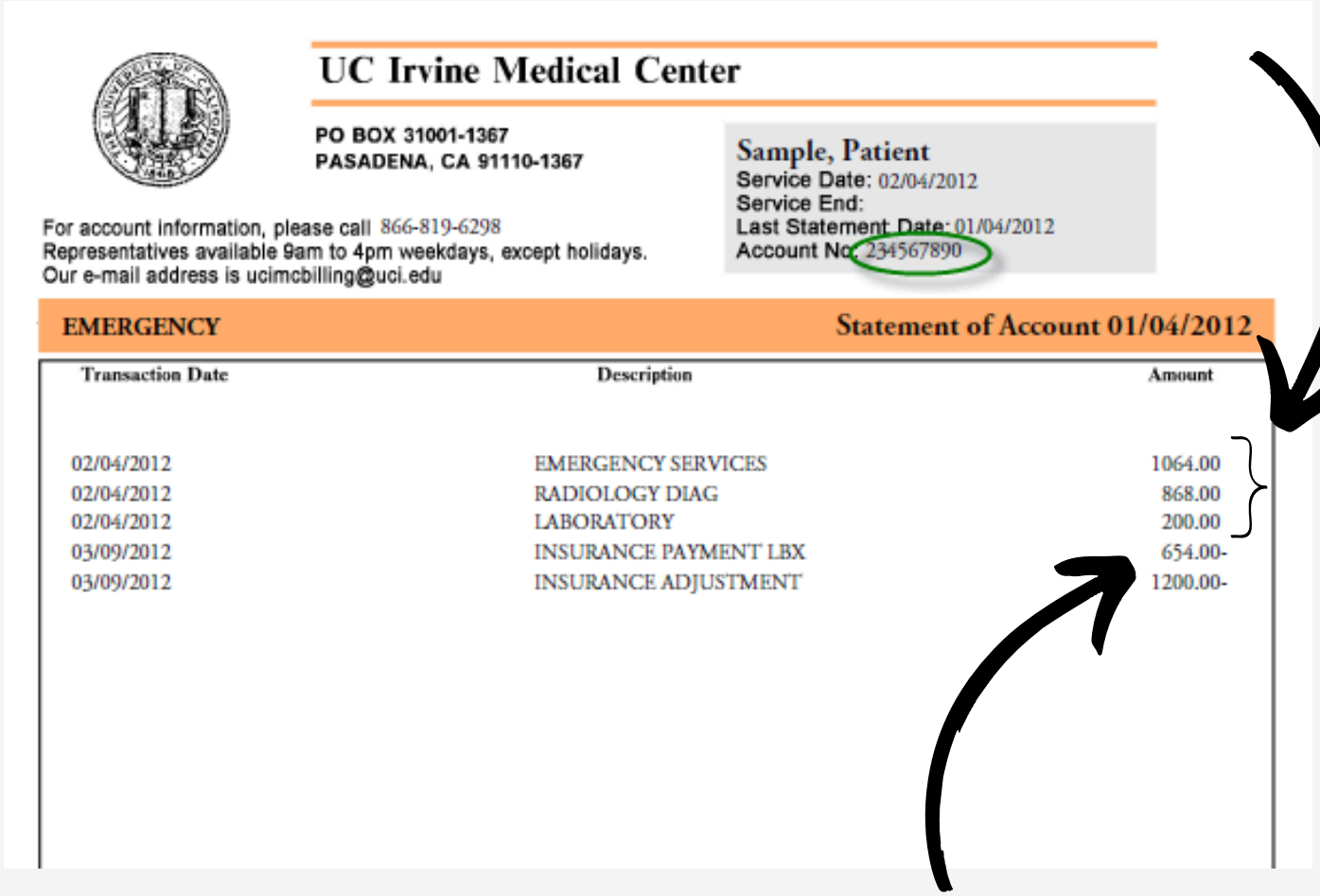
03/09/2012	INSURANCE ADJUSTMENT	1200.00-

5. Always make sure the services you had are seen on the bill and that they align with the date of service as well.

6. Contact your doctor's or the facility's billing office if you think any information is wrong.

Medical Bill

7. Total charges: This is the full price for the services or supplies.



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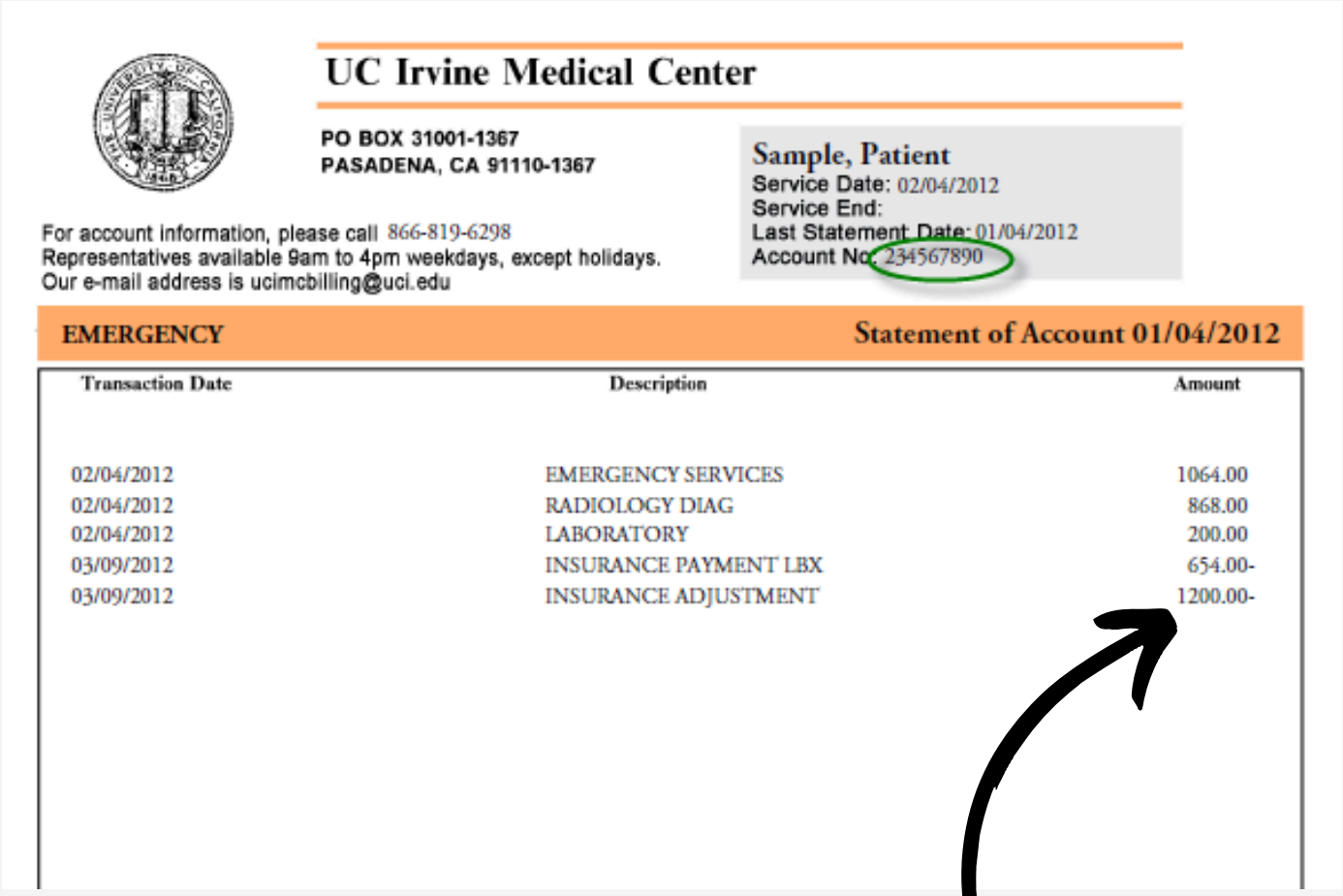
8. Insurance Payment: This is the amount your insurance paid or is expected to pay (if you have insurance), up to the allowed amount

Medical Bill



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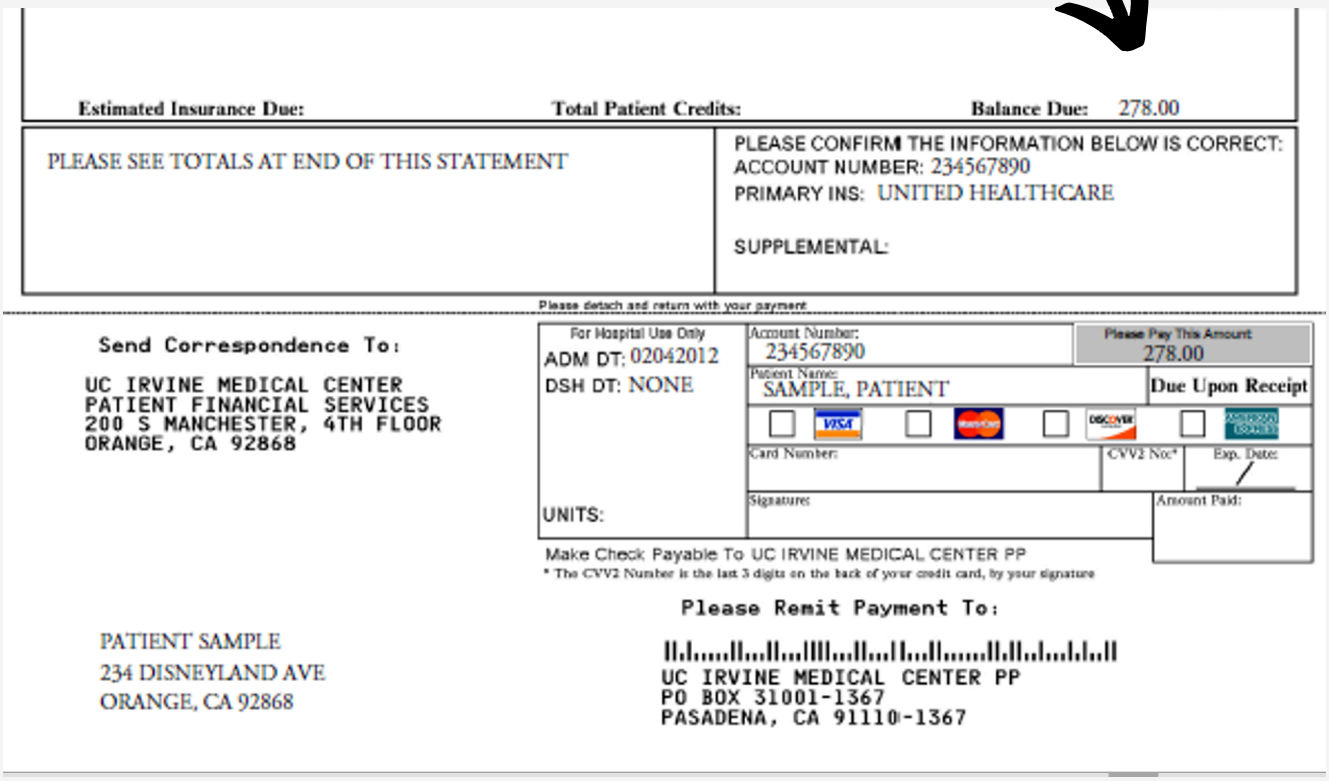
Sometimes the bill shows a "<u>Patient payment</u>" which is any amount you may have already paid to your provider or facility for the service or supply, like a copayment.

9. Adjustments: This is the amount your providers or facility subtract from the total charges.

Medical Bill

Usually at the end of the bill is <u>"Balance Due"</u> , which is an amount that was calculated after the services were given and after the insurance plan has paid their share and adjusted the cost for you.



Estimated Insurance Due: | Total Patient Credits: | Balance Due: 278.00

PLEASE SEE TOTALS AT END OF THIS STATEMENT

PLEASE CONFIRM THE INFORMATION BELOW IS CORRECT:
ACCOUNT NUMBER: 234567890
PRIMARY INS: UNITED HEALTHCARE

SUPPLEMENTAL:

Please detach and return with your payment.

Send Correspondence To:

UC IRVINE MEDICAL CENTER
PATIENT FINANCIAL SERVICES
200 S MANCHESTER, 4TH FLOOR
ORANGE, CA 92868

For Hospital Use Only
ADM DT: 02042012
DSH DT: NONE
UNITS:

Account Number: 234567890
Please Pay This Amount: 278.00
Patient Name: SAMPLE, PATIENT
Due Upon Receipt
Card Number:
CVV2 No:*
Exp. Date:
Signature:
Amount Paid:

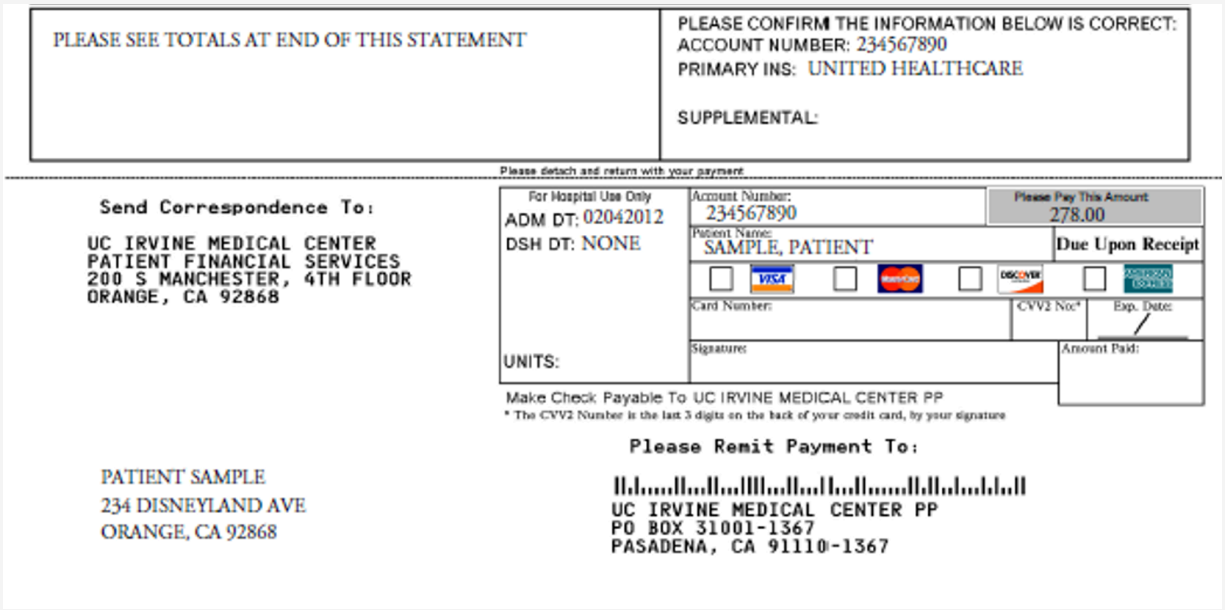
Make Check Payable To UC IRVINE MEDICAL CENTER PP
* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

PATIENT SAMPLE
234 DISNEYLAND AVE
ORANGE, CA 92868

Please Remit Payment To:

UC IRVINE MEDICAL CENTER PP
PO BOX 31001-1367
PASADENA, CA 91110-1367

Who do you pay to?



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PO BOX 31001-1367
PASADENA, CA 91110-1367

- **This is usually found at the very top or bottom of the bill.**
- **Look here to find the different ways to pay your bill and who to pay.**
- **You can always call the billing office to inquire about payment plan or ask for assistance if you are not able to pay the full amount.**

BOOKLET VIDEO

IF YOU WOULD LIKE TO WATCH A VIDEO ON “HOW TO READ AN EOB AND MEDICAL BILL” SCAN THE QR CODE ABOVE.

THIS EDUCATIONAL MATERIAL IS FUNDED BY THE UNIVERSITY OF CALIFORNIA IRVINE CHAO FAMILY COMPREHENSIVE CANCER CENTER CANCER HEALTH DISPARITY AWARD