

How to Read Your EOB



A UnitedHealthcare Company



SAMPLE

Page
Dist Code

PO Box 30541 Salt Lake City, UT 84130-0541
1-800-826-9781
www.umar.com

1 Employee Joe Patient
Member Number 999999999
Patient Joe Patient
Notice Date 01-11-12
Employer Name Customer Inc.
Employer Number 7670-00-999999

2 **EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL**

2 Provider: Physician, Joe, MD

3 Patient Account: 05050505aa

4 Claim Control Number: 12171769999

Service Description	Dates of Service From:	To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
Emergency Care 5	01-01-12	01-01-12	\$100.00 7	\$25.00 8	908 9	\$50.00 10	\$25.00 11	80 12	\$20.00 13	\$20.00 14	\$55.00 15
16 TOTALS			\$100.00	\$25.00		\$50.00	\$25.00		\$20.00	\$20.00	\$55.00

16 Note Section

908 Provider negotiated discount. You are not responsible for this amount.

17 Payment To: XYZ Clinic

Payment Date: 01-11-12

Payment Amount: \$20.00

Benefit Period	Benefit Level	Applied To Date
01-01-12	\$200 Ind Cal Yr Deductible	\$200.00/Met
01-01-12	\$400 Fam Cal Yr Deductible	\$300.00
01-01-12	\$400 Ind Out-Of-Pocket	\$205.00
01-01-12	\$800 Fam Out-Of-Pocket	\$305.00

18

- 1** Fields include member information under which the claim was processed.
- 2** Hospital, physician or other health care provider that performed the services.
- 3** Account number assigned by the hospital, physician or other health care provider.
- 4** UMR assigns a unique claim control number to each claim received.
- 5** Services and/or procedures that were performed by the hospital, physician or other health care provider.
- 6** Date(s) services were performed by the hospital, physician or other health care provider.
- 7** Amount charged for the services by the hospital, physician or other health care provider.
- 8** Charges not allowed according to the Plan – see comment code.
- 9** Refers to codes used to explain charges that were not allowed – see Notes Section.
- 10** Amount applied to the deductible.
- 11** Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- 12** Percentage at which the Allowable charges are paid.
- 13** Amount actually payable by the Plan.
- 14** Amount that UMR paid to the provider.
- 15** Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- 16** Explains codes provided in the “See Notes Section” column. Lists the specific code and its definition.
- 17** List of individuals or organizations to whom checks were issued.
- 18** Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

Continued on back...

Cover Page Explanations:

- 19 UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.
- 20 Web Site address for members to access regarding eligibility and claim information.
- 21 Indicates the specific time frame for members to file appeals. This information is provided in the members' SPD (Summary Plan Description). Also indicates the members' right to file civil action.
- 22 Indicates the telephone number for members to call with questions regarding appeal rights.
- 23 Indicates the toll-free telephone number for members to call if they suspect illegal activity regarding claims.

UMR

PO Box 30541
Salt Lake City UT 84130-0541

SAMPLE

JOE PATIENT
123 ABC LANE
ANYTOWN USA 99999-9999

19 QUESTIONS / CONCERNS Contact 1-800-826-9781.

20 INTERNET: Online services are available 24 hours a day at www.umar.com.

21 APPEAL:
You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546". Refer to your current benefit booklet for information on the appeal process. After you have exhausted the mandatory appeal levels that are described in your benefit booklet, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act (ERISA). 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.

22 OTHER RESOURCES TO HELP YOU
For questions about your appeal rights, this notice, or for assistance you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272).

23 HELP STOP FRAUD! If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

Refer to your benefit booklet for more details on Claim determination.



UMR

A UnitedHealthcare Company