

Understanding Your EOB



putting your better health at the center of all we do




What is an EOB?

Your Explanation of Benefits (EOB) provides important information about your claims processed by BlueCross BlueShield of Tennessee. You receive an EOB whenever you or your provider files a claim for your health care benefits. This brochure guides you through your EOB.

Remember: Your EOB is *not* a bill. You should use this information to coordinate your payment(s) to your providers. (See box 13.)

Helpful terms you should know

- 1 Date Processed:** The date BlueCross BlueShield of Tennessee processed your claim (will be different from the date care was received).
- 2 Claim Number:** The unique number assigned to each claim. If you have questions about your claim or EOB, have this number handy when you call, or when you use BlueAccess on the Web site.
- 3 Received:** The date BlueCross BlueShield of Tennessee received the claim.
- 4 Group Number:** A unique plan account number. This information should match the group number on your ID card.
- 5 Identification Number:** The ID number of the primary person covered by the plan. This information should match the ID number on your ID card.
- 6 Patient Name:** The name of the person who received the health care service(s) – either you or a covered family member.
- 7 Date of Service:** The actual date(s) the patient received health care service(s) from the provider.
- 8 Provider Name:** The name of the health care provider who submitted the claim. The provider may be a doctor, specialist, hospital, lab, clinic or other medical facility.
- 9 Contact Information:** Where to call if you have questions. You can also use BlueAccess on the Web site for answers to your questions.
- 10 Submitted Charges:** The amount billed by your health care provider.
- 11 Total Benefits Provided/Network Savings:** The total amount BlueCross BlueShield of Tennessee paid to you or your provider plus the amount saved by using a network provider (if applicable).



BlueCross BlueShield of Tennessee
801 Pine Street
Chattanooga, Tennessee 37402

DATE: 01/22/2006

EXPLANATION OF BENEFITS

Chris B Hall
801 Pine Ave
Chattanooga TN 37402

Please retain this EOB for your records.

If you get a bill from a network provider for service(s) shown below, make sure the amount is the same as is shown in the 'Amount You Owe Provider'. If it is different, please contact the provider's office to correct. If you need help in solving the problem, please call the Customer Service number listed below.

2 Summary of BlueCross BlueShield of Tennessee, Inc. Claim Processed on 01/22/2006 1

Claim Number: EXTCEB122100 **3** Received 01/22/2006 **4** Group Number: 100000

5 Identification No: 123894567
6 Patient Name: Chris B Hall
7 Date Services Provided: 01/05/2006
8 Provider Name: Cline, Kim H.

If you have questions about this statement, please call

1-(800)541-1249 9

or use BlueAccess on our web site at www.bcbst.com to view this information and more.

Chattanooga 8:00 A.M.-5:15 P.M. (ET)
Memphis 8:00 A.M.-5:15 P.M. (CT)
Monday - Friday

SUMMARY

10 Total Charge Submitted	99.00
11 Total Benefits Provided/Network Savings	64.00
12 Other Insurance Benefits	.00
13 Amount You Owe Provider <small>(You may have already paid this amount to your provider.)</small>	35.00

THIS IS NOT
A BILL

ITEMIZATION OF CHARGES 14 15 16 17 18 19

Date of Service	Services Included	Submitted Charges	Network Savings	Deductible Amount	Coinsurance If Applicable	Copay If Applicable	Non-Covered	Notes	Paid Provider
01/05/06	Medical Services	65.00	1.59			25.00			38.61
01/05/06	Pathology	24.00	18.06						5.94
01/05/06	Pathology	10.00					10.00	NCP	.00
20 TOTAL		99.00	19.45			25.00	10.00		44.55

* NCP - Benefits for this service are excluded under this member's plan.

21 ACCOUNT STATUS
AT END OF DAY 01/22/2006 FOR THE YEAR 2006:

<p>This individual has now paid the following amounts toward DEDUCTIBLE:</p>	<p>IN-NETWORK</p>	<p>OUT-OF-NETWORK \$ 79.24 Individual \$ 79.24 Family</p>
<p>This individual has now paid these amounts toward OUT-OF-POCKET MAXIMUM:</p>	<p>IN-NETWORK</p>	<p>OUT-OF-NETWORK \$ 79.24 Individual</p>

You have the right to appeal the results of this claim. If your plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the appeal must be submitted within 180 days of this Explanation of Benefits. Under ERISA you may file a civil action after the appeal decision. Please refer to the appeals section of your Evidence of Coverage or contact Customer Service.

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Thank you for allowing us to serve you. Please visit our Web site at www.bcbst.com

Depending on the type of coverage you have or the type of services you receive, the EOB you get in the mail or see online may look different than the one pictured in this brochure. However, basic definitions remain the same.

- 12 Other Insurance Benefits:** The amount paid by a second insurance carrier. Only applies if a patient has other health coverage, as well.
- 13 Amount You Owe Provider:** Charges not paid by BlueCross BlueShield of Tennessee. This is the amount you owe the doctor or medical facility.
- 14 Network Savings:** The amount saved by using a network provider.
- 15 Deductible Amount (if applicable):** The amount of the charges applied toward your annual deductible, if your plan has one. Once your deductible is met, your plan covers a percentage of eligible charges you submit through the rest of the year.
- 16 Copay (if applicable):** The copayment amount you or your covered family member are required to pay the provider at the time of service.
- 17 Non-Covered:** Any portion of the submitted charges not covered by your benefit plan. Your provider may bill you for these charges.
- 18 Notes:** Codes to draw your attention to specific messages about the itemized charges.
- 19 Paid Provider:** The amount BlueCross BlueShield of Tennessee paid your doctor, caregiver or medical facility.
- 20 Total:** The total for each respective column.
- 21 Account Status:** Information about the deductible and out-of-pocket amounts paid for the year, if applicable.

Helpful Information

Filing a claim

Network providers generally file claims. However, if you choose to receive care from an out-of-network provider (either within or outside the service area) or if you use services other than those billed by a hospital or physician, you'll need to file your own claim. When submitting claims, please verify that claim forms include an itemization of charges. The claim forms should also have:

- Date(s) of service.
- Type(s) of service.
- Dollar amounts charged for each service.
- Patient's name.
- Employee's name.
- Subscriber identification number (found on ID card).

Tips for speedy service

Following these steps ensures the fastest possible service:

- File claims as soon as possible after receiving care. Failure to file claims in a timely manner could result in a claim being denied.
- Fill in and provide as much information as possible.
- Submit claims only once.
- When asked for additional information to process a claim, please respond quickly.
- Do not send billing statements.
- If care is being received over an extended period of time, claims should be submitted every 30 days for the expenses incurred during that period.
- Obtain signatures if or when required.

Now you can view EOBs online

If you need your EOBs – but don't need the paper and clutter – just go to bcbst.com and use your secure BlueAccess service to view up to 18 months of your EOB statements online, anytime. Because they're available online, you can see your EOBs the minute they're posted in BlueAccess, not several days later when your mail is delivered. Other BlueAccess features let you review your coverage details and recent claims history, order replacement ID cards, and more. Creating your BlueAccess account is quick and easy, and instructions are included on the Web site. You can even subscribe to a free service that will send you an e-mail notice whenever a new EOB statement has been posted in your secure BlueAccess account.



of Tennessee
plans for better health. plans for a better life.™

bcbst.com

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