

How to Read Your EOB



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SAMPLE

Page
Dist Code

1	Employee Member Number Patient Notice Date Employer Name Employer Number	Joe Patient 99999999 Joe Patient 02-01-08 Customer Inc. 7670-08-999999
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EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

2 Provider: Physician,Joe,MD **3** Patient Account: 05050505aa **4** Claim Control Number: 08171769999

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
99283 - Emergency Care 5	01-01-08 01-01-08 6	\$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

Note Section

908 Charge reduced due to provider's discount.

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Payment To: XYZ Clinic

Payment Date: 09-01-08 Payment Amount: \$20.00

Benefit Period	Benefit Level	Applied To Date
	\$1,000,000 Lifetime Maximum	\$1,500.00
01-01-08	\$200 Ind Cal Yr Deductible	\$200.00 Met
01-01-08	\$400 Fam Cal Yr Deductible	\$300.00
01-01-08	\$400 Ind Out-Of-Pocket	\$205.00
01-01-08	\$800 Fam Out-Of-Pocket	\$305.00

UM0088-CPS 08-08

- Fields include member information under which the claim was processed.
- Hospital, physician or other health care provider that performed the services.
- Account number assigned by the hospital, physician or other health care provider.
- UMR assigns a unique claim control number to each claim received.
- Services and/or procedures that were performed by the hospital, physician or other health care provider.
Service description T9999 will print if dollars are available to be reimbursed from HRA.
- Dates(s) services were performed by the hospital, physician or other health care provider.
- Amount charged for the services by the hospital, physician or other health care provider.
- Charges not allowed according to the Plan – see comment code.
- Refers to codes used to explain charges that were not allowed – see Notes Section.
- Amount applied to the deductible.
- Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- Percentage at which the Allowable charges are paid.
- Amount actually payable by the Plan.
- Amount that UMR paid to the provider.
- Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- Explains codes provided in the “See Notes Section” column. Lists the specific code and its definition.
- List of individuals or organizations to whom checks were issued.
- Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.