



Have you ever asked yourself...

What do the column headings mean? Do I owe anything more to the health care provider?

Independence Blue Cross knows that health care benefits can be difficult to understand. As part of our continuing effort to educate our members, we provide you with an explanation of your benefits, an EOB. An EOB is meant to help you understand how your claims are processed. Keep your EOB as a record of the provider information, important dates, claim numbers, and the various charges and covered services.



If you have further questions or if you receive a "balance bill" or other billing statement from a hospital or doctor, please contact Independence Blue Cross Customer Service at the number on your ID card. Be sure to have your ID Number and your EOB handy so that we can better assist you.

Manage your health care benefits and view details of your paid claims online:

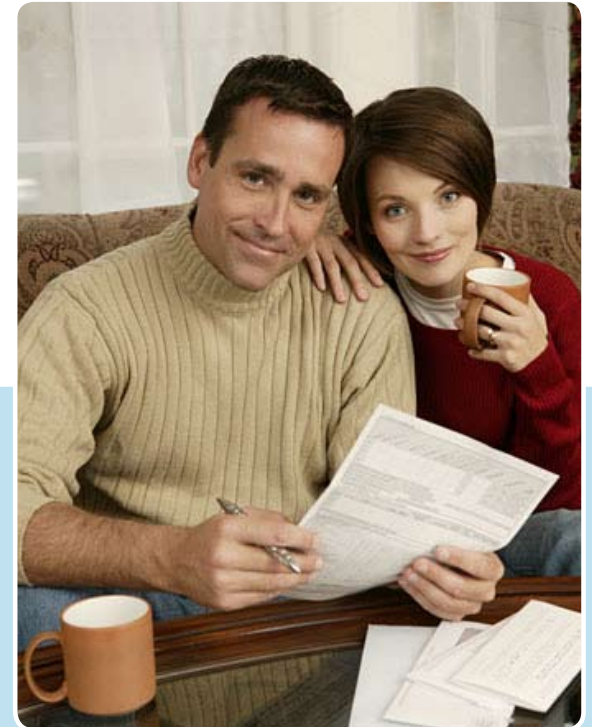
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Choose BlueSM

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield Independent Licensees of the Blue Cross and Blue Shield Association.

Understanding Your Explanation of Benefits (EOB)



Choose BlueSM

This pamphlet will help you understand the information presented in your Explanation of Benefits.



Here are some key terms you should know ...

Provider:

An organization or person performing or supplying health services.

Member:

The applicant and all eligible dependents enrolled.

Allowance:

The maximum amount allowed for the service provided to the patient under the terms of their benefits plan.

Noncovered:

The noncovered amount is either the amount not covered under the terms of the contract or the amount not covered because more information is needed to complete the claim process.

Deductible:

The amount of covered expenses that must be paid by the subscriber before the insurance plan will assume any liability.

Coinsurance:

The specific percentage of covered expenses that must be paid by the subscriber.

Copay:

Amount patient must pay a provider at the time they receive a covered service. This amount does not include deductibles and coinsurance.

Benefit Amount:

Amount paid by the insurance provider.

Independence Blue Cross **Explanation of Benefits**

THIS IS NOT A BILL

1 MEMBER NAME: PATIENT SUSAN B. 3 ID NUMBER: 88888XXXX0

2 PATIENT NAME: SUSAN B PATIENT CLAIM NUMBER: 308888888884 DATE PROCESSED: 3/25/2004

PROVIDER NAME	DATES OF SERVICE	DESCRIPTION OF SVC	PRCD CODE	NO OF SVCS	PROVIDER CHARGE	ALLOWANCE	NON-COVERED	RMK CODE	DEDUCTIBLE	CO-INSURANCE AMOUNT	COPAY	BENEFIT AMOUNT
DOCTORAND ASSOC ANYT	11/01/08-11/02/08	INPATIENT FACILITY		2	400.00	300.00	100.00	IL	.00	.00	.00	300.00
CLAIM TOTALS												
YOUR RESPONSIBILITY					10	\$ 100.00						

11 REMARK CODES:
IL THIS CLAIM PAID AT THE SEMI-PRIVATE ROOM RATE. YOUR BENEFIT IS LIMITED TO THIS RATE

1. Member Name

2. Member, Dependent, or Spouse

3. Member ID Number

4. Date service was provided

5. Description of service performed

6. Code assigned for this procedure

7. Number of services performed

8. Amount Provider charged for this service

9. Remarks about the claim

10. Amount you are responsible for (what you owe)

11. Explanation of remark codes to help you understand how your claim was processed