

How to Read Your
Explanation of Benefits (EOB)
THIS IS NOT A BILL

Customer Service

For Questions, please call Med-Pay Customer Service at (417) 886-6886 or (800) 777-9087

Participant Information

1

Group ID: 9999AAA

2

Group Name: SAMPLE

Date: 07/16/2025

3

Member ID: 399999999

Explanation of Benefits - This is not a Bill

Claim #: 1234567

Patient: Sample

Provider: Sample Office

Patient Account #: X23456

| 4 Service Date | 5 Procedure Code | 6 Billed Amount | 7 Discount Amount | 8 Allowed Amount | 9 Not Covered | 10 Other Adjustment | 11 Other Insurance Payment | 12 Remark Code | 13 Deductible Amount | 14 Co-Ins Amount | 15 Co-Pay Amount | Payment Amount |
|----------------------------|------------------|-----------------|-------------------|------------------|---------------|---------------------|----------------------------|----------------|----------------------|------------------|------------------------------|----------------|
| 04/10/2025 -04/10/2025 | E1392 | \$210.00 | \$52.50 | \$157.50 | \$0.00 | \$157.50 | \$0.00 | A018 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 04/10/2025 -04/10/2025 | E1390 | \$760.48 | \$545.39 | \$215.09 | \$0.00 | \$215.09 | \$0.00 | A018 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Column Totals | | \$970.48 | \$597.89 | \$372.59 | \$0.00 | \$372.59 | \$0.00 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16 Patient Responsibility: | | | | | | | | | | | 17 Other Carrier Adjustments | \$0.00 |
| | | | | | | | | | | | Total Plan Payment Amount | \$0.00 |

18 Comments

DACC Please submit accident/injury details to reconsider the claim.

19 Remark Code Description

A018 Duplicate claim/service.

20 Accumulator Totals

| | | | | | | |
|-----------------|------------|----------------|-------------|----------------|---------------|----------------|
| Plan Year: 2025 | | | | | | |
| | Deductible | | Coinsurance | | Out-of-Pocket | |
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Individual | \$0.00 | \$0.00 | \$74.52 | \$0.00 | \$74.52 | \$0.00 |
| Family | \$0.00 | \$0.00 | \$74.52 | \$0.00 | \$74.52 | \$0.00 |

21 HOW TO APPEAL A CLAIM

If you have any questions about this claim, please call the Med-Pay Customer Service Department at 1-800-777-9087. Subject to HIPAA Privacy regulations, information relevant to this claim, including diagnosis and treatment codes, may be requested (free of charge) by contacting Customer Service.

You or someone you name to act for you (your authorized representative) have a right to appeal any decision not to provide or pay for an item or service (in whole or in part). To designate an authorized representative, please visit our website (www.med-pay.com) and complete the Designation of Authorized Representative form or contact our Customer Service Department to request one. The completed authorization form must be included with the appeal.

To file an appeal, please send a copy of this Explanation of Benefits (EOB) along with any supporting documentation and a detailed description of why you disagree with the decision, to Attn: Appeals, Med-Pay, LLC, PO Box 10909, Springfield, MO 65808. The appeal must be dated and received no later than 180 days from the date of this EOB.

Med-Pay will review your appeal and provide you with a written determination. If we continue to deny the payment, coverage, or service requested, or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party who will review the denial and issue a final decision.

For questions about your rights related to this notice you can contact Med-Pay Customer Service.

See www.pointchealth.com/transparency-coverage State Consumer Assistance Programs for more information.

Assistance may also be available through the Department of Health and Human Services Health Insurance Assistance Team (HIAT) at 1-888-393-2789.

How to Read Your EOB Key

- 1 **Group ID:** This number identifies your employer or the group that provides your health plan.
- 2 **Group Name:** The name of your employer or the group offering your insurance.
- 3 **Member ID:** Your personal ID number used to process your claims—found on your insurance card.
- 4 **Service Date:** The date you received care or had your appointment.
- 5 **Procedure Code:** A code that tells us what kind of service or treatment you received.
- 6 **Billed Amount:** The full amount the doctor or provider charged for the service.
- 7 **Discount Amount:** The amount taken off your bill because your provider offers a discount.
- 8 **Allowed Amount:** The most your plan will pay for the service—this is based on provider agreements and plan rules.
- 9 **Not Covered:** This part of the bill isn't covered by your plan. You might be responsible for it.
- 10 **Other Adjustment:** Any additional changes made to the amount billed that don't fall under standard categories.
- 11 **Other Insurance Payment:** If you have another insurance plan, this shows how much that plan paid.
- 12 **Remark Code:** A short code that explains any adjustments made to your bill.
- 13 **Deductible Amount:** The part you pay out-of-pocket before your plan starts covering services.
- 14 **Co-Ins Amount:** A percentage of the cost you pay after meeting your deductible.
- 15 **Co-Pay Amount:** A set amount you pay for a specific service, like a doctor visit or prescription.
- 16 **Patient Responsibility:** The total amount you owe after your insurance has paid its part.
- 17 **Other Carrier Adjustments:** Adjustments made if another insurance plan also helped pay for your care.
- 18 **Comments:** Explanation codes and descriptions that give more detail about how your claim was processed.
- 19 **Remark Code Description:** A written explanation of the short remark code—helps you understand changes to your bill.
- 20 **Accumulator Totals:** Shows how much this claim was paid toward your deductible, coinsurance, and out-of-pocket max for the year.
- 21 **Appeals Language:** Details on how to ask for a review if a claim was denied and you don't agree with the decision.