

Understanding your Explanation of Benefits (EOB):

Summary Page

Amanda Forester
621 Santa Fe Avenue
Fresno, CA 93720

Monthly Benefits Summary

Here is a summary of the healthcare claims processed for the period of **01/01/2018 through 01/31/2018**. You can view individual claims by visiting HCOOnline (hconline.healthcomp.com).

A Statement Date: January 2018
B Group: ABC1 / Group A
C Enrollee: Amanda Forester
D Member ID: 461611

E Your Plan Paid
\$200.23

F Your Responsibility
\$103.00

January 2018 Summary			Covered By Your Plan			Your Responsibility
G Claim #	H Patients Name	I Total Charge(s)	J Plan Rate	K Plan Paid	L Paid by Other Insurance	M You Owe
36670368-01	Amanda Forester	\$617.00	\$303.23	\$200.23	\$0.00	\$103.00

F Total: \$103.00

May be owed to your provider

- A. Statement Date:** The calendar month that is covered by the EOB.
- B. Group:** The Group ID number that was assigned by HealthComp and the name of your Group (i.e. employer).
- C. Enrollee:** The name of the employee (or COBRA participant) who is enrolled in the health plan.
- D. Member ID:** The member ID number that was assigned by HealthComp.
- E. Your Plan Paid:** The total amount that was covered by your health benefits for all health services listed in the EOB.
- F. Total:** The total amount that you may owe to your provider for all health services listed in the EOB. This may include copays that you already paid.
- G. Claim #:** The claim number that was assigned by HealthComp.
- H. Patient Name:** The plan member who received the service(s).
- I. Total Charge(s):** The total amount that the provider charged for all health services listed in the claim.
- J. Plan Rate:** This is the Total Charge amount minus any network discounts (if available).
- K. Plan Paid:** The amount that was covered by your health benefits for all health services listed in the claim.
- L. Paid by Other Insurance:** A portion of the Total Charge may have been covered by another source (e.g. other health insurance, automobile insurance).
- M. You Owe:** This is the total amount that you may owe to your provider for all health services listed in the claim. This may include copays that you already paid.

Understanding your Explanation of Benefits (EOB):

Claim Details

A

B

C

Claim #:

Patient:

Member ID:

3667036801

Amanda Forester

461611