

A

Amanda Forester
1234 Drive Way
Clovis, CA 93611

B

Provider
Michael Gen Md
1207 E Herndon Ave
Fresno, CA 93720

C

D

E

Claim #:
Group:
Patient:

218-GW2557-00
999-Z60 / Logic Inc
Kevin Forester

F

G

Your plan paid
\$330.00

Your Responsibility
\$102.00

Covered By Your Plan					Your Responsibility					
H	I	J	K	L	M	N	O	P	Q	R
Service Details	Total Charge	Plan Rate	Plan Paid	Paid by other insurance	Not Covered	For Your Deductible	Co-pay / Coinsurance	Total	Reason Codes	Service Code
Date: 10/05/2018- 10/05/2018 Specialist Consultation	\$375.00	\$375.00	\$295.00	\$0.00	\$80.00	\$0.00	\$0.00 / \$0.00	\$80.00	S3	420
Date: 10/05/2018- 10/05/2018 Physician Xray/lab Service	\$57.00	\$57.00	\$35.00	\$0.00	\$22.00	\$0.00	\$0.00 / \$0.00	\$22.00	S3	411
Totals	\$432.00	\$432.00	\$330.00	\$0.00	\$102.00	\$0.00	\$0.00	\$102.00		
Your Total Responsibility:								\$102.00		

S

T

Reason Code Descriptions
S3 - Exceeds Recognized Charge

Payment Distribution

U

Code	Paid To	Check No	Amount
A	Cardiovascular Consultants Of Fresno Apc		\$330.00
SUB	Amanda Forester		

- A. Enrollee:** Name and address of plan enrollee.
- B. Provider:** The provider and facility that rendered the health services(s).
- C. Claim #:** The claim number that was assigned by Personify Health.
- D. Group:** The Group ID number assigned by Personify Health and name of the Group (i.e., employer).
- E. Patient:** The plan member who received the service(s).
- F. Your Plan Paid:** The total amount that was covered by your health benefits for all health services listed in the EOB.
- G. Your Responsibility:** The total amount that you may owe to your provider for all health services listed in the EOB. This may include co-pays that you already paid.
- H. Service Details:** A description of the health service that was received and the date that it was received.
- 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. Not Covered:** The amount that was not covered by your health plan.
- N. For Your Deductible:** This is the portion of the amount that you owe that will count towards your deductible. Your deductible is the amount that you must pay each year for covered services before your plan starts paying benefits.
- O. Co-pay / Co-insurance:**
- Co-pay:** This is a set amount that you must pay for certain covered services (such as office visits or prescriptions.) You may have already paid for your co-pay at the provider's office.
 - Co-insurance:** This is a percentage of covered expenses that you must pay after you meet your deductible.
- P. Total:** Total amount that is owed for the service received.
- Q. Reason Code:** Personify Health code for charges that were not covered or that require further explanation.
- R. Service Codes:** Personify Health code for the health service that was received.
- S. Reason Code Description:** Descriptions of the Reason Codes from section Q.
- T. Messages:** Additional information related to this EOB (as needed.)
- U. Payment Distribution:** Identifies the name of the payee, payment amount and check number of each payment that Personify issues for health services listed in the EOB.