



Paramount Health Care
1901 Indian Wood Circle
Maumee, Ohio 43537

SAMPLE

200404130001

F0005273
ENV 80522
2 OF 3



Forwarding Service Requested **How to read your New Explanation of Benefits (EOB)**

1. **Explanation of Benefits**
Please write or call Member Services Dept.
Call 1 (888) 888-8888
Write: Member Services Department
PO Box 928, Toledo, OH 43697-0928

|||||

John Jones
P.O. Box 000
Cut Off OH 00000

3.

2. **Date:** 00/00/2004
Member's Name: John Jones
Member's Number: 123456789-01
Claim No: 9999999
Group Name: Beach Front PC
Group Number: ZZ9999
Provider Name: Dr. John Smith

Patient Responsibility - TO BE BILLED BY PROVIDER

Amount Not Covered:	23.85
Copay Amount:	20.00
Deductible:	4. 100.00
Coinsurance:	0.00
Total Payable By Member:	143.85

This is NOT a Bill

Service Date(s)	Type of Service	Billed Amount	Allowed Amount	Primary Payor	Denied Amount	Deduct Amount	Co- Ins Amount	CoPay/ Penalty	Interest Paid	Amount Paid	Remark Code
01/03/04	PHYSICAL MEDICINE	95.00	13.76	0.00	13.76	0.00	0.00	0.00	0.00	0.00	DT
01/03/04	PHYSICAL MEDICINE	75.00	10.09	0.00	10.09	0.00	0.00	0.00	0.00	0.00	DT
01/04/04	OUTPATIENT LABO	245.00	225.01	0.00	0.00	100.00	0.00	20.00	0.00	105.01	09
TOTALS		415.00	248.86	0.00	23.85	100.00	0.00	20.00	0.00	105.01	

13. **7.** **5.** **6.** **8.** **9.**

Dollar Accumulators:	Annual Contribution Limit:	Amt Contributed by this EOB:	Amount Remaining to Meet Limit:
MEMBER DEDUCTIBLE	200.00	100.00	100.00
FAMILY DEDUCTIBLE	400.00	100.00	300.00
MEMBER OUT-OF-POCKET MAX	1000.00	100.00	900.00
CONTRACT OUT-OF-POCKET MAX	4000.00	100.00	1900.00
MEMBER OUT-OF-POCKET MAX	0.00	0.00	0.00
CONTRACT OUT-OF-POCKET LIMIT	0.00	0.00	0.00

10. **11.** **12.**

Explanation of Remark Codes:

- DT** THIS SERVICE REQUIRES PRIOR AUTHORIZATION FROM YOUR PRIMARY CARE PHYSICIAN. OUR RECORDS INDICATE THAT PRIOR AUTHORIZATION WAS NOT OBTAINED. YOU ARE RESPONSIBLE FOR PAYMENT OF THIS CHARGE.
- 09** YOU ARE RESPONSIBLE FOR DEDUCTIBLE, COINSURANCE, AND/OR CO-PAY AMOUNTS APPLIED TO THIS CLAIM. NON-NETWORK PROVIDERS MAY BILL YOU FOR THE DIFFERENCE BETWEEN THE BILLED CHARGES AND THE AMOUNT ALLOWED BY PARAMOUNT. THE ALLOWED AMOUNT REPRESENTS THE USUAL, CUSTOMARY, AND REASONABLE CHARGE FOR THIS SERVICE.

REPORTING FRAUD - HOW CAN I HELP? INSURANCE FRAUD SIGNIFICANTLY INCREASES THE COST OF HEALTH CARE. IF YOU HAVE QUESTIONS ABOUT WHETHER THESE SERVICES OR ITEMS WERE RECEIVED, PLEASE CONTACT THE MEMBER SERVICE DEPARTMENT FOR CONFIDENTIAL REPORTING. OR, YOU MAY CONTACT AN INDEPENDENT SERVICE HOTLINE NUMBER (419) 824-1815, OR TOLL-FREE 1-800-807-2693. FOR TTY SERVICES CALL (419) 887-2526, OR TOLL-FREE AT 1-888-740-5670.