



Forwarding Service Requested

HOW TO READ YOUR NEW EXPLANATION OF BENEFIT (EOB)

- 1.** This box contains contact information for Paramount in the event you have questions about this document.
- 2.** Claim number is a unique number assigned to the services and service dates shown in the body of this document. This number will be useful when inquiring about these services.
- 3.** The Member's name and mailing address.
- 4.** This box represents the amount of money a Member is responsible to pay to the provider for the services rendered. This could include an amount applied to a deductible, copay, coinsurance or charges for not covered services including prenotification penalties, etc. The provider may collect some of these funds at the time of service or he/she may bill you separately.
- 5.** This column shows the amounts payable for deductibles (the amount you must pay before you begin to receive benefits).
- 6.** This column shows the amounts payable for the percentage-based calculations of your liability for covered services.
- 7.** Charges not eligible, which could be a discount written off by the provider, or a charge that the patient is responsible to pay.
- 8.** This column shows the flat dollar amount you must pay for each visit or occurrence. It can also include, payments for which you are responsible due to prenotification penalties.
- 9.** Total amount paid by Paramount for services rendered on this claim.
- 10.** Represents the total you will have to contribute through coinsurance, copays, and deductibles before reaching the limit for your contract period.
- 11.** Amount contributed toward your annual contribution limit for the services on this EOB.
- 12.** Amount remaining in member cost-sharing (e.g., co-payments, coinsurance & (deductibles) in order to satisfy the Annual Contribution Limits.
- 13.** This column shows the amounts paid by Medicare or another third party payor for coordination of benefits, subrogation, workers' compensation and other party liability.