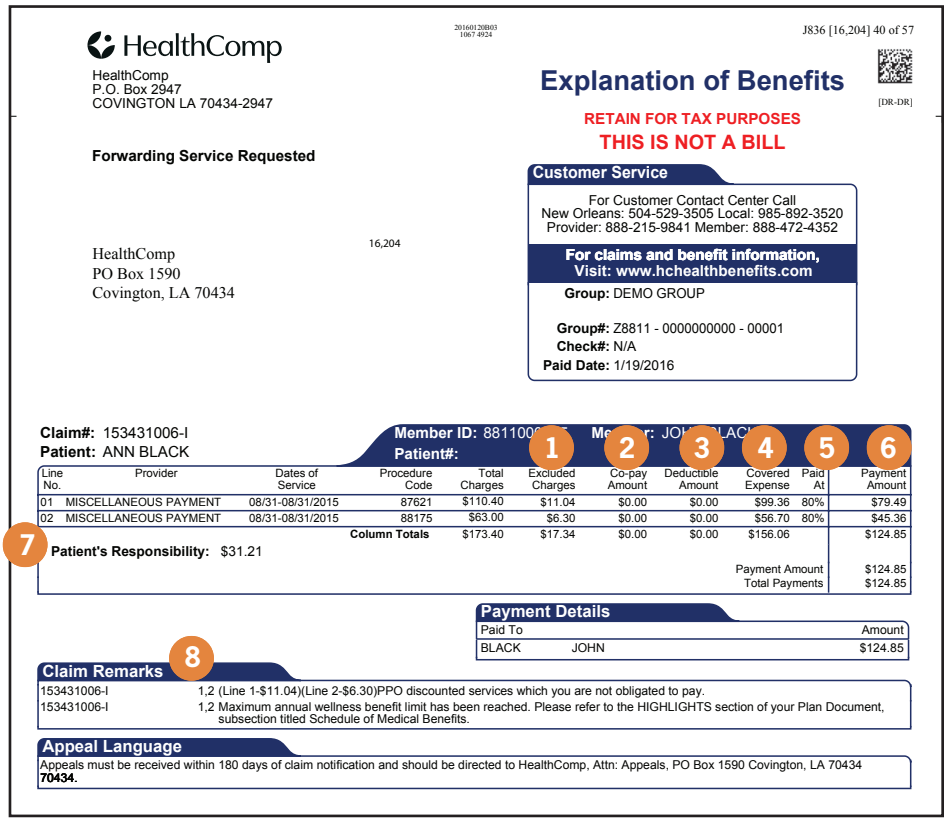
HealthComp

HOW TO READ YOUR EOB

What is an explanation of benefits (EOB)?

The EOB explains how a reimbursement was made or why a claim was not paid and if any additional information is needed. By registering on www.hchealthbenefits.com, you are automatically enrolled in electronic EOBs. An electronic EOB notification will be emailed to you each time a claim is handled by HealthComp.



HealthComp

HealthComp
P.O. Box 2947
COVINGTON LA 70434-2947

Forwarding Service Requested

HealthComp
PO Box 1590
Covington, LA 70434

16,204

J836 [16,204] 40 of 57

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

For Customer Contact Center Call
New Orleans: 504-529-3505 Local: 985-892-3520
Provider: 888-215-9841 Member: 888-472-4352

For claims and benefit information, Visit: www.hchealthbenefits.com

Group: DEMO GROUP

Group#: Z8811 - 0000000000 - 00001
Check#: N/A
Paid Date: 1/19/2016

Claim#: 153431006-I
Patient: ANN BLACK

Member ID: 8811000
Patient#:

Line No.	Provider	Dates of Service	Procedure Code	Total Charges	1 Excluded Charges	2 Co-pay Amount	3 Deductible Amount	4 Covered Expense	5 Paid At	6 Payment Amount
01	MISCELLANEOUS PAYMENT	08/31-08/31/2015	87621	$110.40	$11.04	$0.00	$0.00	$99.36	80%	$79.49
02	MISCELLANEOUS PAYMENT	08/31-08/31/2015	88175	$63.00	$6.30	$0.00	$0.00	$56.70	80%	$45.36
			Column Totals	$173.40	$17.34	$0.00	$0.00	$156.06		$124.85

7 **Patient's Responsibility:** $31.21

Payment Amount $124.85
Total Payments $124.85

Payment Details

Paid To		Amount
BLACK	JOHN	$124.85

8 **Claim Remarks**

153431006-I	1,2 (Line 1-$11.04)(Line 2-$6.30)PPO discounted services which you are not obligated to pay.
153431006-I	1,2 Maximum annual wellness benefit limit has been reached. Please refer to the HIGHLIGHTS section of your Plan Document, subsection titled Schedule of Medical Benefits.

Appeal Language

Appeals must be received within 180 days of claim notification and should be directed to HealthComp, Attn: Appeals, PO Box 1590 Covington, LA 70434 **70434.**

How to Read your EOB

1. **Excluded Charges:**
   Charges not eligible, which could be a discount written off by the provider, or a charge you are responsible for paying.
2. **Co-Pay:**
   The amount you are responsible for paying a provider when a service is rendered.
3. **Deductible:**
   The amount of the charge applied to the deductible.
4. **Covered Expense:**
   The amount of the charge that is allowed by the plan.
5. **Paid At:**
   The coinsurance paid by the plan.
6. **Payment Amount:**
   The covered expense multiplied by the paid at percentage; this is the amount paid by the plan.
7. **Patient Responsibility:**
   This could include an amount applied to your deductible, a co-pay amount paid to a provider, coinsurance (your percentage of shared costs), or a charge excluded by the plan.
8. **Claim Remarks:**
   An explanation by line number of the reasons certain charges were excluded.

Questions? Call HealthComp at 855-643-2800.