

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB).

Attention: This is not a bill.



When Maestro Health processes a claim submitted by you or your provider (aka, doctor, facility, etc.), we will send you an EOB to explain how we processed it.

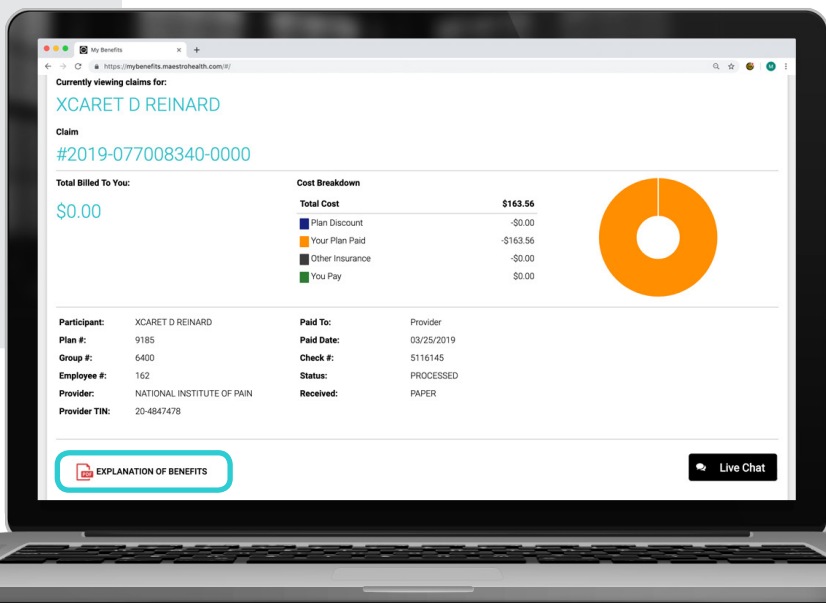
The EOB recaps how much your provider charged you/your dependent for the service, how much your employer's health plan covers and how much you owe.

An EOB is not a medical bill. Think of it as a breakdown of your bill. If you receive a bill from your provider, it is important that you compare the charges on your EOB to the charges on the bill to confirm that services and charges listed are correct.

Can't find your EOB?

No worries—you can find another copy at mybenefits.maestrohealth.com.


Log in with your username and password or click "Register" to sign up. (You'll need your member ID number from your health plan ID card. Keep an eye out for an email from us with login details once you register.)



HOW TO READ AN EOB.

We broke it down for you.

Forwarding Service Requested


 *****ALL FOR AADC 275
 PB-DSM-414-ENV 18722 59
 JANE DOE
 ### ABC ST
 ABC, YZ #####

Customer Service Information

Questions, please contact us at
mybenefits.maestrohealth.com, toll free at
 ###-###-####.

1 Date: #####
2 Group #: ####
3 Group: ABC Company

4 Claim #: #####-#####-####
 7 Provider Name: ABC Provider
5 Claimant: JANE DOE
 Provider TIN: #####
6 Patient #: #####
 Employee #: #####
8 Insured: JANE DOE
 9 Insured #: #####

Dates of Service	Service Description	Total Charge	Not Covered	Disc or Excluded	10 Eligible Expenses	Deduct. Applied	Co-Pay Amount	Balance Paid At	Coins. Applied	11 Plan Payment	Remark Code
#####	ABC PROVIDER VISIT	\$273.00	\$0.00	\$164.04	\$108.96	\$0.00	\$75.00	100%	\$0.00	\$33.96	100, 13, 15
#####	ABC PROVIDER VISIT	\$237.00	\$0.00	\$142.41	\$94.59	\$0.00	\$0.00	100%	\$0.00	\$94.59	13
#####	ABC PROVIDER VISIT	\$28.00	\$0.00	\$16.83	\$11.17	\$0.00	\$0.00	100%	\$0.00	\$11.17	13
Column Totals		\$538.00	\$0.00	\$323.28	\$214.72	\$0.00	\$75.00		\$0.00	\$139.72	

12 Patient Responsibility: \$75.00

- 1 Date:** The date the EOB was generated
- 2 Group #:** The unique number identifying your employer's health plan
- 3 Group:** Your employer that is funding the health plan
- 4 Claim #:** The unique number identifying the claim submitted
- 5 Claimant:** The patient (you/your dependent) who received the service(s) from the provider
- 6 Patient #:** The unique number identifying the patient (you/your dependent) who received the service(s)
- 7 Provider Name:** The doctor, facility, etc. where you/your dependent received the service(s)
- 8 Insured:** The employee (you) enrolled in the health plan
- 9 Insured #:** The unique number identifying the employee (you) enrolled in the health plan
- 10 Eligible Expenses:** The expenses defined by your employer as eligible for coverage and reimbursement
- 11 Plan Payment:** The amount your employer will pay the provider for the service(s) received—this may be less than the amount the provider charged
- 12 Patient Responsibility:** The total amount you owe for the service(s) listed in the EOB—copays will be reflected here even if the copay has already been paid

Questions? Contact Maestro Health through the "Message Center" or "Live Chat" feature at mybenefits.maestrohealth.com.