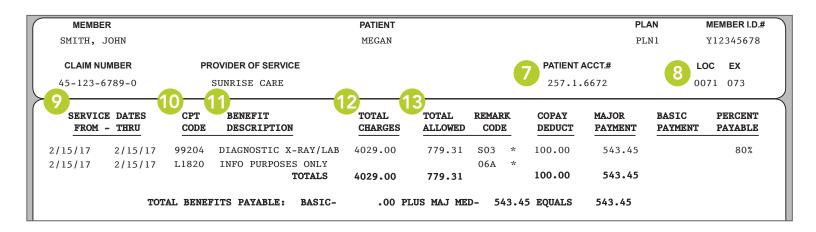


Understanding Your Explanation of Benefits (EoB)

Your Explanation of Benefits (EOB) has details about your healthcare benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Here are a few tips to help you understand your EOB:

- 1. Member: Subscribed member enrolled under the plan.
- Patient: Member who received benefit services under this explanation.
- 3. Plan: Identifier code that indicates under which benefit plan services were rendered.
- Member ID#: The member's unique Superior identification number (should also match the Member ID# found on your ID card).
- Superior **EXPLANATION OF BENEFITS** THIS IS NOT A BILL / ESTO NO ES UNA FACTURA Insurance Services P.O. Box 78060, Corona CA, 92877 • (844) 471-3244 • (949) 471-3238 memberservices@superiortpa.com MEMBER PATIENT PLAN MEMBER I.D.# SMITH, JOHN MEGAN PLN1 ¥12345678 CLAIM NUMBER PROVIDER OF SERVIC PATIENT ACCT.# LOC EX 45-123-6789-0 SUNRISE CARE 257.1.6672 0071 073 SERVICE DATES BENEFIT CPT TOTAL. TOTAL. REMARK COPAY MA.TOR BASTC PERCENT DESCRIPTION CHARGES ALLOWEI CODE DEDUCT PAYMENT PAYMENT PAYABLE FROM - THRU 2/15/17 2/15/17 99204 DIAGNOSTIC X-RAY/LAB 4029.00 779.31 S03 100.00 543.45 80% 2/15/17 2/15/17 L1820 INFO PURPOSES ONLY 06A TOTALS 4029.00 779.31 100.00 543.45 TOTAL BENEFITS PAYABLE: BASIC-.00 PLUS MAJ MED-543.45 EOUALS 543.45 PATIENT SAVINGS/PFO WRITE OFF MEMBERS RESPONSIBILITY \$3249.69 \$235.86 DEDUCTIBLE REMAINING TOTAL SENT TO EMPLOYER TOTAL SENT TO PROVIDER .00 543.45 PP \$.00 NON \$1065.23
- 5. Claim Number: Unique number assigned to your claim by Superior. You will need to refer to the claim number when calling Superior with questions about the claim.
- 6. Provider of Service: Doctor, location or physician who rendered your benefit services. This may also be the billing facility which produced the billed charges identified on the EoB.



- 7. Patient Account #: Provider assigned patient account number.
- Location and Examiner Number: Location of the claims processing office and the examiner who processed the claim.
- Service Dates From Thru: Dates when patient was treated.
- **10. CPT Code:** Universal code assigned to each procedure the provider performed.

- **11. Benefit Description:** Service type received from the provider.
- **12. Total Charges:** The amount billed for services provided.
- **13. Total Allowed:** Total amount billed less Network Discount for each benefit service received under the Plan.

Understanding Your Explanation of Benefits (EoB)

REMARK CODE EXPLANATION

S03 REASON CODE: REIMBURSEMENT IS BASED UPON UCR OR GEOGRAPHIC AREA

06A DD: SEPARATE CO-PAY APPLIES TO THIS TYPE OF SERVICE

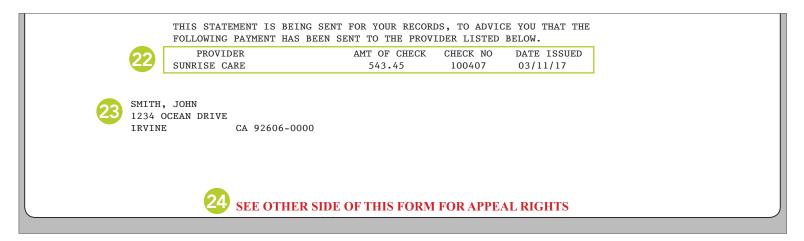
14. Remark Code Explanation: Explanation of this code is found under 14a in the "Remark Code Explanation" box.

SERVICE FROM -		CPT CODE	BENEFIT DESCRIPTIO	N	TOTAL CHARGES	TOTAL	CODE	COPAY DEDUCT		BASIC PERCENT PAYMENT PAYABLE
2/15/17	2/15/17	99204	DIAGNOSTIC X	-RAY/LAB	4029.00	779.31	S03 *	100.00	543.45	80%
2/15/17	2/15/17	L1820	INFO PURPOSI	ES ONLY TOTALS	4029.00	779.31	06A *	100.00	543.45	
	TOTA	AL BENEF	ITS PAYABLE:	BASIC-	.00 PI	LUS MAJ MED	- 543.45	EQUALS	543.45	
PATIENT SA	VINGS/PPO	WRITE O	FF \$3249.69	20	DEDUCTIBL	E REMAINING	21	TOTAL	SENT TO EMPLO	YER .00
MEMBERS RE	SPONSIBILI	TY	\$235.86	P	P \$.00	NON \$1065.	23	TOTAL	SENT TO PROVI	DER 543.45

- **15. Copay/Deduct:** Amount applied to either the patient's co-pay and/or deductible.
- 16. Major Payment: Amount paid to provider by Superior on your behalf for services rendered.
- **17. Percent Payable:** Percentage paid of Allowed Amount less any Copay/Deductible covered under the plan.
- **18. Patient Savings/PPO Write Off:** Total PPO Network discount (savings) from using associated networks.
- **19. Members Responsibility:** Remaining balance owed/ due to the provider after co-pay, total allowed and network discount have been applied to the claim. Payable by the Member directly to the provider.
- **20. Deductible Remaining:** Shows Member's deductible balance remaining to satisfy the total deductible available for the plan year.
- **21. Total Payment** Sent to Provider and/or Member by Superior.

24. Patient's Appeals Rights information

and instructions are on the back of EoB.



22. Payment information issued for this claim (Payee, amount, check number and date payment was issued by Superior).

23. Subscriber Member's name and mailing address.

If you have questions about your Explanation of Benefits, please call Member Services at 844.471.3244 or email memberservices@superiortpa.com.

