



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:

- Member:** Subscribed member enrolled under the plan.
- Patient:** Member who received benefit services under this explanation.
- 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).
- 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.
- 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.

MEMBER		PATIENT		PLAN		MEMBER I.D.#			
SMITH, JOHN		MEGAN		PLN1		Y12345678			
CLAIM NUMBER		PROVIDER OF SERVICE		PATIENT ACCT.#		LOC EX			
45-123-6789-0		SUNRISE CARE		257.1.6672		0071 073			
SERVICE DATES FROM - THRU	CPT CODE	BENEFIT DESCRIPTION	TOTAL CHARGES	TOTAL ALLOWED	REMARK CODE	COPAY DEDUCT	MAJOR PAYMENT	BASIC PAYMENT	PERCENT 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 PURPOSES ONLY			06A *			
<b>TOTALS</b>			<b>4029.00</b>	<b>779.31</b>		<b>100.00</b>	<b>543.45</b>		
<b>TOTAL BENEFITS PAYABLE:</b>			<b>BASIC-</b>	<b>.00</b>	<b>PLUS MAJ MED-</b>	<b>543.45</b>	<b>EQUALS</b>	<b>543.45</b>	
<b>PATIENT SAVINGS/PPO WRITE OFF</b>			<b>\$3249.69</b>		<b>DEDUCTIBLE REMAINING</b>		<b>TOTAL SENT TO EMPLOYER</b>		<b>.00</b>
<b>MEMBERS RESPONSIBILITY</b>			<b>\$235.86</b>		<b>PP \$ .00</b>		<b>TOTAL SENT TO PROVIDER</b>		<b>543.45</b>

1 MEMBER SMITH, JOHN  
 2 PATIENT MEGAN  
 3 PLAN PLN1  
 4 MEMBER I.D.# Y12345678  
 5 CLAIM NUMBER 45-123-6789-0  
 6 PROVIDER OF SERVICE SUNRISE CARE  
 7 PATIENT ACCT.# 257.1.6672  
 8 LOC EX 0071 073

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- 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.
- CPT Code:** Universal code assigned to each procedure the provider performed.
- Benefit Description:** Service type received from the provider.
- Total Charges:** The amount billed for services provided.
- Total Allowed:** Total amount billed less Network Discount for each benefit service received under the Plan.



# Understanding Your Explanation of Benefits (EoB)

## 14a 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 DATES FROM - THRU	CPT CODE	BENEFIT DESCRIPTION	TOTAL CHARGES	TOTAL ALLOWED	REMARK CODE	COPAY DEDUCT	MAJOR PAYMENT	BASIC PAYMENT	PERCENT PAYABLE
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<b>TOTAL BENEFITS PAYABLE: BASIC-</b>			<b>.00</b>	<b>PLUS MAJ MED-</b>		<b>543.45</b>	<b>EQUALS</b>	<b>543.45</b>	
<b>PATIENT SAVINGS/PPO WRITE OFF</b>		<b>\$3249.69</b>	<b>DEDUCTIBLE REMAINING</b>		<b>TOTAL SENT TO EMPLOYER</b>		<b>.00</b>		
<b>MEMBERS RESPONSIBILITY</b>		<b>\$235.86</b>	<b>PP \$ .00</b>		<b>TOTAL SENT TO PROVIDER</b>		<b>543.45</b>		

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.

THIS STATEMENT IS BEING SENT FOR YOUR RECORDS, TO ADVISE YOU THAT THE FOLLOWING PAYMENT HAS BEEN SENT TO THE PROVIDER LISTED BELOW.

PROVIDER	AMT OF CHECK	CHECK NO	DATE ISSUED
SUNRISE CARE	543.45	100407	03/11/17

SMITH, JOHN  
1234 OCEAN DRIVE  
IRVINE CA 92606-0000

SEE OTHER SIDE OF THIS FORM FOR APPEAL RIGHTS

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

24. Patient's Appeals Rights information and instructions are on the back of EoB.

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.

