

Understanding Your Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a statement that outlines how a member's health insurance plan contributed to (paid for) a healthcare service received by a member of the plan.

1. This is the contact information for Gundersen Lutheran Health Plan. Please call us if you have any questions about your EOB. You can reach Customer Service at (800) 897-1923 or (608) 775-8007.
2. These are your **member and group identification numbers**.
3. This is the **date** your claim was processed by the health plan.
4. The **provider** is the name of the practitioner who provided your care.
5. The **account number** is the number assigned to your claim (bill) by the provider.
6. The **claim number** is the number assigned to your claim when it was received by the health plan. We may ask you for this number if you call with a question. It helps us to quickly find the claim you are calling about.
7. The **procedure description** explains the service you received. This description is general to protect your privacy.
8. The **billed amount** is the amount the provider charged for the service.
9. The **ineligible amount** is the amount denied or not eligible for payment by the health plan. You may or may not be responsible for this amount. The reason code description (items 10 and 18) may explain whether you are responsible for this amount. If you have questions, please contact the health plan.
10. **Reason codes** explain how the service applied to your benefits. (You can see a more complete description of the code in item 18.)
11. The **provider discount** is an amount that has been negotiated for you by the health plan. You are not responsible for this amount.
12. The **allowed amount** is the usual and customary amount allowed by the health plan for this service.
13. A co-payment or **co-pay** is a specific charge that your health insurance plan may require you to pay for a medical service or supply. For example, your health insurance plan may include a \$15 co-pay for an office visit. You are responsible for this portion of the bill and will be billed for this amount by the provider. You may also be responsible for additional charges, if they apply to your deductible (see item 14) and/or coinsurance (see item 15).
14. A **deductible** is the amount that is paid by a member before an insurer covers expenses. The amount shown in this column is the amount applied to your deductible. You are responsible for this portion of the bill and you will be billed for this amount by the provider.
15. **Coinsurance** refers to a member being responsible for a fixed percentage of the cost of a medical service after the deductible has been met. For example, a health plan may pay 80% of the allowable charge, while the member pays the remaining 20%. The 20% is the coinsurance amount. You are responsible for this portion of the bill and you will be billed for this amount by the provider.
16. **Third party payments** are payments made toward the claim by another party, such as another insurance company.
17. This is the amount Gundersen Lutheran Health Plan paid to the provider.
18. This section provides a more detailed description of "reason codes," noted in item 10.



Gundersen Lutheran Health Plan, Inc.
 1836 South Avenue
 Mail Stop NCA2-01
 La Crosse, WI 54601



200701303305

Forwarding Service Requested

9074 0.5176 AV 0.293
 5-DIGIT 54601
 JANE DOE 35
 847 ORANGE ST APT A
 ONALASKA, WI 54650

If You Have Questions Contact:
608-775-8007 or 800-897-1923
www.glhealthplan.org
TTY: 800-947-3529



Member: DOE JANE
Member ID: 000000073
Group: GUNDERSEN LUTHERAN ADMIN
Group ID: 590000
Date: 2/1/2010

Explanation of Benefits-- This is NOT a Bill

Provider: KEVIN MILLER, MD **Account #: 004900000WWWL** **Claim #: 000000E01191**

Serv	Service Date	Procedure Description	Billed Amount	Ineligible Amount	Reason Codes	Provider Discount	Allowed Amount	Copay Amount	Deductible Amount	Co-Ins Amount	Third Party Payments	Amount Paid
0100	1/15/11	99213 PROF VISIT	99.90	.00	DD	19.98	99.90	.00	79.92	.00	.00	.00
Totals:			99.90	.00		19.98	99.90	.00	79.92	.00	.00	.00

Provider: KEVIN MILLER, MD **Account #: 004900000WWWL** **Claim #: 000000E01199**

Serv	Service Date	Procedure Description	Billed Amount	Ineligible Amount	Reason Codes	Provider Discount	Allowed Amount	Copay Amount	Deductible Amount	Co-Ins Amount	Third Party Payments	Amount Paid
0100	1/15/11	82105 PATH/LAB	32.90	.00	DD	6.58	32.90	.00	26.32	.00	.00	.00
Totals:			32.90	.00		6.58	32.90	.00	26.32	.00	.00	.00

Explanation of Benefits-- This is NOT a Bill

Reason Codes

- DD 1 DEDUCTIBLE AMOUNT
- C7 45 PREFERRED PROVIDER DISCOUNT, DISCOUNT IS PROVIDER'S RESPONSIBILITY
- *** Notice of Grievance Rights: If you have a complaint relating to the administration of claims practices or provision of services, please contact our Customer Service Department toll-free at (800) 897-1923. A Customer Services Representative will assist you in resolving your complaint on an informal basis. Additional information relating to the denial of service will be provided to you free of charge. If discussions are not satisfactory, a grievance may be filed with the plan. It is also your right to bring a civil action under ERISA Section 502(a). Please refer to the Claim Information Section of your Summary Plan Description for more information on the grievance procedure. Your Summary Plan Description contains valuable information regarding the grievance process.
 R:4/2005.GC/LH/POPO/PSSG(02/03/06/10)