

# SAMPLE EXPLANATION OF BENEFITS (EOB)



## INSURANCE

Home Care Provider  
 1234 Main Street  
 Your Town, USA 56789

○ DATE: 9/1/2025

### EXPLANATION OF BENEFITS

MEMBER: JANE JONES  
 MEMBER ID: XXX-XX-XXXX  
 GROUP: UR PAYER HOMETOWN USA  
 GROUP ID: 112233445566-778899

CLAIM: 123456789  
 PATIENT: JANE JONES

TREATMENT DATES	SERV CODE	CHARGE AMOUNT	NOT COVERED	REASON CODE	ADJUSTED AMOUNT	COVERED AMOUNT	DEDUCTIBLE AMOUNT	CO-PAY AMOUNT	PCT	PAYMENT AMOUNT
03/30/-03/30/2025	T1019	92.25	.00	C7	38.42	53.83	.00	.00	80	43.06
<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>
		92.25	.00		38.42	53.83	.00	.00		43.06

<b>L M N</b>	OTHER INSURANCE CREDITS	.00
	TOTAL PAYMENT AMOUNT	43.06
	PATIENT RESPONSIBILITY	10.77

### PAYMENT DISTRIBUTION

CODE	PAYEE	AMOUNT	CHECK NUMBER	ACCOUNT
PROVIDER		\$ 53.83	123456789-00	
EMP		\$ 0.00		
<b>A-1</b>				

SERVICE CODE	REASON CODE
T1019 PCA HOME CARE SERVICE	C7 DISCOUNT.
<b>B-1</b>	<b>E-1</b>

### MESSAGES

**THIS IS YOUR ONLY COPY. PLEASE RETAIN FOR YOUR RECORDS.**

# EXPLANATION OF BENEFITS LEGEND

An Explanation of Benefits (EOB) summarizes your claim payment or reason for denial of services.

## Why is an EOB important?

1. An EOB verifies that a claim was received and documents payment and/or reason(s) for denial and patient responsibility.
2. An EOB provides the correct “contract allowance” that an in-network provider has agreed to accept as plan payment and clearly specifies patient responsibility that might be coordination of benefits amounts to another payer. For Medicaid services it is the fee schedule to which the Medicaid payer or MCO will reimburse a service.
3. Secondary insurance requires a primary EOB before releasing payment to the provider unless a regulatory exception is made by Centers for Medicare and Medicaid and/or the State.

## Below are descriptions of the fields that are included on an EOB:

- A Treatment Dates:** corresponds to the date(s) of treatment. This equates to Visit dates of service.
- A-1 Payment Distribution:** identifies the name of the payee, along with the payment amount and check number of each payment made on the explanation of benefits.
- B Service Code:** service code for the type of service rendered.
- B-1 Service Code:** a description of the code in section “B”.
- C Charge Amount:** the charges submitted for services rendered.
- D Not Covered:** charges that are “not covered” such as “over usual and customary fees” and other services listed in the Medicaid Policy Manual that may be entitled “Exclusions and Limitations”.
- E Reason Code:** Medicaid or MCO “Reason Code” for charges that are not covered or require further explanation.
- E-1 Reason Code:** a description for the reason code in section “E”.
- F Adjusted Amount:** the amount adjusted from the charge amount that will not be paid for the service as per the Medicaid or MC fee schedule.
- G Covered Amount:** the “Allowable Charges” under the Medicaid or MCO fee schedule that will be considered for payment once the adjusted amount has been subtracted from the charge amount.
- H Deductible Amount:** charges applied to satisfy the Plan Year Deductible. This would normally be related to an MCO more so than a Medicaid plan.
- I Co-pay Amount:** any applicable co-payment(s).
- J PCT:** the percent the plan will pay of the “Allowed Amount”, after any deductible requirements have been met. The percentage will vary depending on whether you are utilizing an in- or out-of-network provider.
- K Payment Amount:** amount paid for each service rendered.
- L Other Insurance Credits:** represents the amount paid by other insurance (i.e. Medicare).
- M Total Payment Amount:** total payment made for this Explanation of Benefits.
- N Patient Responsibility:** amount to be paid by the member for services.
- O Date of EOB or Payment Date:** date of the EOB usually is the payment date unless otherwise specified.

