Explanation of Benefits (EOB)
Reference guide

How much do I owe for a medical claim?

We realize that health care bills can be confusing. We’re committed to making sure you have all of the information you need about your health care. The EOB shows you exactly how your benefits work for every doctor visit and service, how much we pay, and how much you still owe.

You may not always receive a hard copy EOB in the mail. For example, if you only need to pay a copay for a doctor visit or other service, we will not mail you an EOB. However, you can still view your medical EOBs/claims recaps online at anthem.com. You can even choose to go completely paperless for all medical EOBs/claims recap statements by selecting “Go Paperless” in your account profile.

Viewing your claims recaps online is easy and convenient. Here’s how.

First, sign up on anthem.com (if you have already registered on anthem.com, skip to “Viewing your EOB/claim recap online” below)

- Enter anthem.com in your Web browser.
- Click the “Register” button in the “Member Log In” area.
- Enter your personal information, including member ID number, first and last name, and date of birth.
- Accept the terms of use, type the displayed security code and click “Continue.”
- Create your username and password.
- Select a security question and give an answer.
- Confirm your username and password.
- Choose “Log In.”

Viewing your EOB/claim recap online

- Log in to anthem.com.
- Pick “Plans & Benefits.”
- Scroll down the page and click on the medical or pharmacy claim you want to check.
- Click on “View Claim Recap” or “View Explanation of Benefits.”
- Select “Print” from your Web browser if you would like to print your EOB/claims recap.

Go green and sign up for paperless EOBs

- Log in to anthem.com.
- Click on “Profile.”
- Scroll down the page to “How would you like to receive medical claim recaps?”
- Select “Go Paperless.” (This choice is only available to the subscriber.)
- Choose “Save/Update.”
The EOB was developed to assist you in understanding how your claims are processed. Before paying any medical bill, you may want to wait for your Anthem Blue Cross and Blue Shield (Anthem) EOB statement to arrive in the mail to avoid paying for a service that Anthem has already paid. The EOB statement details what Anthem covers and what amount you owe (if any) to the doctor, hospital or other health care provider.

Anthem contracted providers have agreed to accept Anthem’s allowance as payment in full. If the provider’s amount charged exceeds the amount that Anthem allows, the provider has agreed not to collect the difference. You are not responsible for paying this excess. This guide will take you through the elements of the EOB.

1. **Patient’s Name:** This is the name of the patient who received services.

2. **Provider Name:** This is the name of the provider (e.g., physician, hospital or laboratory) who performed the services for the patient. The provider name shown may be different than your physician’s name because services such as tests, X-rays and consultations may be provided by other health care professionals or facilities as directed by your physician. **Note:** If payment was directed to the provider, the message “Payment was made to Provider” will appear.

3. **Claim Number:** This is the number assigned to that patient’s claim.

4. **Dates of Service:** These are the from/to dates reported for each service performed for the patient.

5. **Description of Services:** This is a brief description of each service.

6. **Amount Charged:** The amount billed by your physician, pharmacy, hospital, laboratory or other health care professional who performed each service. **Note:** If Medicare/complementary services are involved, the amount in this column will represent the amount billed to Medicare.

7. **Allowed Amount:** This is the amount approved for payment prior to deductibles, coinsurance or other member expenses (if any).

8. **Other Insurance:** This is the amount paid by other insurance, including Medicare.

9. **Deductible:** A fixed dollar amount that you must pay for covered health care expenses before your benefits are provided. You are responsible for this amount.

10. **Copay:** A predetermined amount specified by your contractual benefits. You are responsible for this amount.

11. **Coinsurance:** This is a percentage of the cost (allowable charge) for which you are responsible as defined by your covered benefits.

12. **Other Amounts Not Covered:** This amount represents expenses not covered or in excess of your benefits. You may be responsible for this amount (in addition to any deductible, coinsurance or copay amounts) to your health care provider.

13. **Amount Paid:** This is the total amount paid to you or your provider for the services performed.

14. **Reason Code:** Codes are shown in this column which refer to specific messages below each claim. These messages clarify a payment situation or explain why you may be responsible for a service.

15. **Contract No.:** This is the identification number of the subscriber/employee. It is also the number printed on your Anthem ID card. Please reference this number if you call or write with questions.

16. **Group No.:** This is the number used to identify the account in which you are enrolled.

17. **Messages:** Additional messages, if applicable, will appear in this section.

18. **Address and Phone No.:** The Anthem office where all questions should be directed. A Customer Service representative will assist you with your inquiries.

19. **Explanations:** Printed in this column heading will be unique messages such as “Your Responsibility” or “Subscriber Liability.” It defines who is responsible for the amounts in columns 9 through 12.