



**How to:**

# Read Your Explanation of Benefits (EOB)

Understanding your Explanation of Benefits (EOB) is key to managing your healthcare effectively. We know it might look complex, but don't worry—we're here to guide you through it. This guide will walk you through the purpose of an EOB and break down each section to help you read and understand your own documents with confidence.



**1** Allied Benefit Systems LLC  
200 W. Adams St. Ste 500  
Chicago, IL 60606-5215

# Explanation of Benefits

**RETAIN FOR TAX PURPOSES**  
**THIS IS NOT A BILL**

## Forwarding Service Requested

WALTER CONNORS  
208 S WEST ST  
CHICAGO IL 60604

**2 Customer Service**

Questions? Contact us at the phone number listed on your Subscriber ID card.

For more information about your health plan, log in or register your account at [alliedbenefit.com/members](http://alliedbenefit.com/members)

**3 Enrollee:** WALTER CONNORS  
**Group#:** 9584  
**Group:** IQI, INC (DEMO ACCOUNT)  
**Date:** 2/1/2024

**4 Claim Number:** 3470603101  
**Patient:** WALTER CONNORS

## Provider: DR. IRELAND

5 Dates of Service	6 Service Code	7 Total Charge	8 Ineligible Amount	9 Reason Code	10 Discount Amount	11 Covered by Plan	12 Deductible Amount	13 Co-Pay Amount	14 Balance Amount	15 Paid At	16 Payment Amount	
09/05-09/05/2023	34	\$5,000.00	\$0.00	46	\$3,500.00	\$1,500.00	\$0.00	\$30.00	\$1,470.00	100%	\$1,470.00	
<b>Column Totals</b>		\$5,000.00	\$0.00			\$1,500.00	\$0.00	\$30.00	\$1,470.00		\$1,470.00	
<b>17 Patient's Responsibility:</b> \$30.00											<b>18 Other Credits or Adjustments</b>	\$0.00
											<b>Total Net Payment</b>	\$1,470.00

**19 Service Code Description**

34 OFFICE/HOME VISIT

**20 Reason Code Description**

46 Bill has been discounted by your PPO/EPO network.

**21 Payment Details**

Paid to	Check No.	Amount
DR IRELAND	0000012132	\$1,470.00

**22 PPO Discount**

This claim was processed per your Aetna contractual agreement

**23 Appeal Language**

If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comments, documents, records or other information relating to the claim; and, upon request and free of charge, receive copies of all documents, records and other information relevant to the claim.

After you receive care and once Allied processes your claim, Allied will send you an Explanation of Benefits, or EOB, statement in the mail and online to your My Allied Portal app. The EOB shows you the total charges for your visit and how much you and your health plan owe.

**An EOB is NOT A BILL.** You should use this to track how you and your family use your coverage. You will get a separate bill from the provider.

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To help you navigate through your Explanation of Benefits (EOB), we've highlighted key sections with numbered circles on the previous page. Below, you'll find a detailed explanation for each of these numbered items. Follow along with your own EOB to understand what each section means and how it relates to your healthcare services and benefits.

**1 ALLIED:**

The third-party health plan administrator responsible for processing your health insurance claims.

**2 CUSTOMER SERVICE**

Call the number listed on your ID card if you have questions about your plan or go to [alliedbenefit.com/members](http://alliedbenefit.com/members) to access your account online.

**3 ENROLLEE:**

The name of the individual who is enrolled in the health insurance plan.

**GROUP #:**

Identifies the specific benefits plan under which the enrollee is covered.

**GROUP :**

The name of the company, organization, or group that holds the insurance policy.

**DATE :**

The date the EOB was issued or the coverage period it pertains to.

**4 CLAIM #:**

The unique number assigned to the specific insurance claim.

**PATIENT:**

The individual who received the healthcare services.

**PROVIDER:**

The healthcare professional or facility that provided the service.

**5 DATES OF SERVICE:**

The specific date(s) when the services or treatments were provided.

**6 SERVICE CODE:**

A standardized code used in the healthcare industry to describe the specific service or procedure provided.

**7 TOTAL CHARGE:**

The full amount billed by the healthcare provider for the services rendered during the dates of service.

**8 INELIGIBLE AMOUNT:**

The portion of the total charge that your insurance plan does not consider for payment.

**9 REASON CODE:**

A code provided by Allied that offers an explanation as to why a certain amount was or was not covered.

**10 DISCOUNT AMOUNT:**

This amount represents the discount applied to the total charge due to the agreements between the provider and the network applicable to the benefit plan.

**11 COVERED BY PLAN:**

The amount that your insurance plan agrees to cover for the services received after the discount amount applies if applicable.

**12 DEDUCTIBLE AMOUNT:**

The deductible is the amount you are responsible for paying your providers before your insurance plan starts to pay. The amount here indicates how much of your deductible is being applied to this claim.

**13 CO-PAY AMOUNT:**

A fixed amount that you'd typically pay directly to the provider at the time of service. It's part of your share of the cost of the service.

**14 BALANCE AMOUNT:**

The amount that remains to be paid to the provider after the co-pay and any deductible.

**15 PAID AT:**

The percentage of the balance amount that Allied has paid to the healthcare provider. This percentage is based on the co-insurance amounts outlined in the employer's benefit plan.

**16 PAYMENT AMOUNT:**

The final amount paid for the services the patient received.

**17 PATIENT RESPONSIBILITY:**

The amount the patient is expected to pay for the services rendered.

You may have already paid for part of the Patient Responsibility. The Explanation of Benefits only shows what you owe, not if you've already paid for it.

Your bill should not be higher than the Patient Responsibility. If it is, immediately call Allied at the number listed on your ID card.

**18 OTHER CREDITS OR ADJUSTMENTS:**

Any additional credits or adjustments that have been made to the total amount billed or the patient's responsibility

**TOTAL NET PAYMENT:**

The total amount paid by Allied for the services rendered after all discounts, adjustments, and patient responsibility (such as co-pays, deductibles, or coinsurance) have been applied.

**19 SERVICE CODE DESCRIPTION:**

A detailed description of the services received based on the associated service code.

**20 REASON CODE DESCRIPTION:**

An explanation for the corresponding reason code, detailing why a charge was handled in a certain way by the insurance.

**21 PAYMENT DETAILS:**

This section provides details about the payment made by Allied. It includes who received the payment (Paid To), the check number used for the payment (Check No.) and the amount of the payment.

**22 PPO DISCOUNT:**

This note indicates that the claim has been processed according to a contractual agreement with your PPO (Preferred Provider Organization).

**23 APPEAL LANGUAGE:**

This section includes information about your rights to appeal any decisions made by Allied regarding your benefits. It provides instructions on how to request an appeal if you disagree with the way a claim was processed or paid.