Paperless EOBs

EMI HEALTH

Less paper. More security.

With online Explanation of Benefits

Convenience

No paper to store - or misplace. Statements are accessible online for you to view anytime and from anywhere.

Safety

Protected with the latest encryption technologies. No chance of getting lost in the mail or picked up by someone else.

Responsibility

Reduce paper use. Reduce waste. Reduce clutter.

Create your My EMI Health Account Today

To view your online EOBs, go to **emihealth.com**, click **Login**, and select **My EMI Health.**

Click **Register.**

Select **Member** as the type of account.

Enter the information to identify yourself, click Continue.

Note: You will need the Member ID found on your EMI Health ID card. Also, for your security, your password must be at least six characters, including a special character.

	EMI)	HEALTH"								
		1								
	EMI He	alth								
	5101 South Commerce Drive Murray UT 84107					How To Read				
						Event				
	F					Expi	anai	uon c	of Ber	le
	Forwa	rding Service Request	ed			R	ETAIN I	FOR TAX	PURPOSE	S
									A BILL	_
	լ Սիլեգ Մումիգ լի ի Մե Միրի Միրի լի լի լի գի գի գի հանի լի									
	*****	********	**************			stomer Se	ervice			
	1 1 90 0.490 1 JOE SAMPLE									
	123 MAII ANYTO	N ST WN, USA 12345							through Frid	day
						Customer Service and Benefit Inquires call (Local)(801)262-7475(Toll Free)(800)662-5851				
					(Fa	x)(801)269	-9734			
						ployer Gr		ROUP ABO	;	
					Da	te Process	ea: Ut	5/09/2018		
	This is an explan	ation of how your claim was	processed by	/ EMI Health	n. If you hav	e questions	about pa	yments, co	ntact your pr	ovi
	Patient:	JOE SAMPLE		Provide	r:ABC Hosp	ital				
	Claim #:	215-000111111-00		Name and the same						
	Ciallii #.	215-000111111-00			:JOE SAM				Subscriber	
	2 Service Dates	3 Description of Service			GProvider Discount	(7) Not	Reason 8 Code		Coinsurance	
	(2) Service	3 Description of Service			(6)Provider		Reason 8 Code 05	Deductible 9 \$474.45		
	2 Service Dates	Description of Service	4 Billed	(5) Allowed	6Provider Discount	Not Covered	8 Code	9	Coinsurance	
	2 Service Dates	3 Description of Service Minor diagnostic testing (outpatient)	4 Billed \$677.79	(5) Allowed \$474.45	6 Provider Discount \$203.34	Not Covered \$0.00	8)Code 05	\$474.45 \$474.45 er Insurance	\$0.00 \$0.00 \$0.00	ljus
	2 Service Dates	3 Description of Service Minor diagnostic testing (outpatient)	4 Billed \$677.79	(5) Allowed \$474.45	6 Provider Discount \$203.34	Not Covered \$0.00	8)Code 05	9 \$474.45 \$474.45	\$0.00 \$0.00 \$0.00 Credits or Ad Total Payme	ljus
	2 Service Dates	3 Description of Service Minor diagnostic testing (outpatient)	4 Billed \$677.79	(5) Allowed \$474.45	6 Provider Discount \$203.34	Not Covered \$0.00	8)Code 05	\$474.45 \$474.45 er Insurance	\$0.00 \$0.00 \$0.00	ljus
	2 Service Dates 04/03-04/03/2018	Description of Service Minor diagnostic testing (outpatient) Column Totals ation of how your claim was	\$677.79	(5) Allowed \$474.45 \$474.45	6 Provider Discount \$203.34 \$203.34	Not covered \$0.00 \$0.00	8)Code 05	\$474.45 \$474.45 er Insurance 14 15	\$0.00 \$0.00 Credits or Ad Total Paymer Member Res	ljus nt A
	2 Service Dates 04/03-04/03/2018 This is an explan. Patient:	Description of Service Minor diagnostic testing (outpatient) Column Totals attion of how your claim was JOE SAMPLE	4 Billed \$677.79 \$677.79	\$474.45 \$474.45 \$474.45	©Provider Discount \$203.34 \$203.34	Not overed \$0.00 \$0.00	8)Code 05	\$474.45 \$474.45 er Insurance 14 15	\$0.00 \$0.00 \$0.00 Credits or Ad Total Payme Member Res	ljus nt A pon
	Oservice Dates 04/03-04/03/2018 This is an explan. Patient: Claim #:	Description of Service Minor diagnostic testing (catpatient) Column Totals Column Totals attion of how your claim was JOE SAMPLE 215-000222222-00	\$677.79 \$677.79	\$474.45 \$474.45 EMI Health Provider Subscriber	©Provider Discount \$203.34 \$203.34 n. If you haver: ABC Hosp:	Not covered \$0.00 \$0.00	8 Code 05 13 Other	\$474.45 \$474.45 er Insurance (4) (5) syments, co	So.00 \$0.00 Credits or Ad Total Payme Member Res	ljus nt A pon ovi
	2 Service Dates 04/03-04/03/2018 This is an explan. Patient:	Description of Service Minor diagnostic testing (outpatient) Column Totals attion of how your claim was JOE SAMPLE	(4) Billed \$677.79 \$677.79	\$474.45 \$474.45 EMI Health Provider Subscriber	©Provider Discount \$203.34 \$203.34	Not covered \$0.00 \$0.00	8)Code 05	\$474.45 \$474.45 er Insurance (4) (5) syments, co	\$0.00 \$0.00 \$0.00 Credits or Ad Total Payme Member Res	ljus nt A pon ovi
	2 Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: (2 Service	Description of Service Minor diagnostic testing (outpatient) Column Totals ation of how your claim was JOE SAMPLE 215-00022222-00 Description of Service Macor diagnostic testing	\$677.79 \$677.79	\$474.45 \$474.45 EMI Health Provider Subscriber	6 Provider Discount \$203.34 \$203.34 \$203.34	Not vered \$0.00 \$0.00 \$0.00	8 Code 05 13 Other about pa	9 \$474.45 \$474.45 er Insurance (4) (5) syments, co	S0.00 S0.00 Credits or Ad Total Paymer Member Res	ljus nt A pon
	2 Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: 2 Service Dates	Description of Service Minor diagnostic testing (couperities) Column Totals attion of how your claim was JOE SAMPLE 215-000222222-00 Description of Service	(4) Billed \$677.79 \$677.79	S474.45 \$474.45 \$474.45 / EMI Health Provider Subscriber (5) Allowed	6 Provider Discount \$203.34 \$203.34 h. If you have FABC Hosp JOE SAM 6 Provider Discount	Not vered \$0.00 \$0.00 \$0.00	63 Other about part Reason 8 Code	9 \$474.45 \$474.45 er Insurance (4) (5) syments, co	Coinsurance \$0.00 \$0.00 Credits or Ad Total Payme Member Res Intact your pr Subscriber Coinsurance \$0.00	ljus nt A pon ovi
1.	② Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: ② Service Dates 04/07-04/07/2018	Description of Service Minor diagnostic testing (caupatient) Column Totals atton of how your claim was JOE SAMPLE 215-000222222-00 Description of Service Mayor diagnostic testing (coupatient)	4 Billed \$677.79 \$677.79 \$ processed by \$907.50	(5) Allowed \$474.45 \$474.45 / EMI Health Provider (5) Allowed \$385.84	6 Provider Discount \$203.34 \$203.34 Second Provider Discount \$521.66	Not covered \$0.00 \$0.00 \$0.00 e questions sittal PLE Overed \$0.00	about pa	\$474.45 \$474.45 er Insurance 14 13 syments, cc Deductible 9 \$25.55	Solution of the control of the contr	ljus nt A pon ovi
١,	2 Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: 2 Service Dates	Description of Service Minor diagnostic testing (caupatient) Column Totals atton of how your claim was JOE SAMPLE 215-000222222-00 Description of Service Mayor diagnostic testing (coupatient)	4 Billed \$677.79 \$677.79 \$ processed by \$907.50	(5) Allowed \$474.45 \$474.45 / EMI Health Provider (5) Allowed \$385.84	6 Provider Discount \$203.34 \$203.34 Second Provider Discount \$521.66	Not covered \$0.00 \$0.00 \$0.00 e questions sittal PLE Overed \$0.00	about pa	\$474.45 \$474.45 er Insurance 14 13 syments, cc Deductible 9 \$25.55	Coinsurance \$0.00 \$0.00 \$0.00 Credits or Ad Total Payme Member Res Intact your pr Subscriber Coinsurance \$0.00 \$0.00 Credits or Ad Total Payme	ljus nt A pon ovid #:
ì,	② Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: ② Service Dates 04/07-04/07/2018	Description of Service Minor diagnostic testing (caupatient) Column Totals atton of how your claim was JOE SAMPLE 215-000222222-00 Description of Service Mayor diagnostic testing (coupatient)	4 Billed \$677.79 \$677.79 \$ processed by \$907.50	(5) Allowed \$474.45 \$474.45 / EMI Health Provider (5) Allowed \$385.84	6 Provider Discount \$203.34 \$203.34 Second Provider Discount \$521.66	Not covered \$0.00 \$0.00 \$0.00 e questions sittal PLE Overed \$0.00	about pa	\$474.45 \$474.45 er Insurance 14 13 syments, cc Deductible 9 \$25.55	Solution of the control of the contr	ljus nt A pon ovid #:
Ι,	② Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: ② Service Dates 04/07-04/07/2018	Description of Service Minor diagnostic testing (cutpatient) Column Totals ation of how your claim was JOE SAMPLE 215-00222222-00 Description of Service Major diagnostic testing (cutpatient) Column Totals Is	4 Billed \$677.79 \$677.79 \$677.79 \$677.50 \$907.50	(5) Allowed \$474.45 \$474.45 / EMI Health Provider (5) Allowed \$385.84	6 Provider Discount \$203.34 \$203.34 \$203.34 \$203.34 \$203.34 \$3.34	Vovered \$0.00 \$0.00 \$0.00 e questions sittal PLE Vovered \$0.00 \$0.00	about pa Reason 8 Code 05 13 Other	\$474.45 \$474.45 \$474.45 er Insurance (4) (5) syments, co	Coinsurance \$0.00 \$0.00 \$0.00 Credits or Ad Total Payme Member Res Intact your pr Subscriber Coinsurance \$0.00 \$0.00 Credits or Ad Total Payme	ljus nt A pon ovid #:
١,	② Service Dates 04/03-04/03/2018 This is an explan Patient: Claim #: ② Service Dates 04/07-04/07/2018	Description of Service Minor diagnostic testing (cutjettent) Column Totals ation of how your claim was JOE SAMPLE 215-000/22222-00 Description of Service Major diagnostic testing (cutjettent) Column Totals	4 Billed \$677.79 \$677.79 \$677.79 \$77.50 \$907.50	(a) Allowed \$474.45 \$4	6 Provider Discount \$203.34 \$203.34 \$203.34 \$203.34 \$203.34 \$3.34	Not covered \$0.00 \$0.00 \$0.00 e questions sittal PLE Overed \$0.00	about pa Reason 8 Code 05 43 Other Reason 13 Other Amoun	\$474.45 \$474.45 \$474.45 er Insurance (4) (5) syments, co	Coinsurance \$0.00 \$0.00 \$0.00 Credits or Ad Total Payme Member Res Intact your pr Subscriber Coinsurance \$0.00 \$0.00 Credits or Ad Total Payme	ljus nt A pon ovid #:

bove are subject to change due to claim adjustments and/or the order in which claims are re

If you prefer receiving paper EOBs in the mail, please complete the information below and either email this document to enrollment@emihealth.com or fax it to 801-270-3001.

I do not wish to receive EOBs electronically; please send my paper EOBs through the mail.							
Member Name:							
EMI Health Member ID#:							
Signature:	Date:						