

EMI Health
852 E. Arrowhead Lane
Murray UT 84107-5211



[DM-]

How to Read Explanation of Benefits

Forwarding Service Requested

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

SAMPLE PERSON
123 SAMPLE LN
SAMPLE MO 12345

J079

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Customer Service 1

8:00 am to 6:00 pm MST Monday through Friday
Customer Service and Benefit Inquires call
(Local)(801)262-7475(Toll Free)(800)662-5851
(Fax)(801)269-9734

Employer Group: Alpine School District

Date Processed: 04/23/2018

This is an explanation of how your claim was processed by EMI Health. If you have questions about payments, contact your provider.

Patient: SamplePerson

Provider: Sample Hospital

Claim #: 217-0000030002-04

Subscriber: SamplePerson

Subscriber #: 12345678910

Service Dates 2	Proc. Code 3	Description of Service 4	Billed 5	Allowed 6	Provider Discount 7	Not Covered 8	Reason Code 9	Deductible 10	Coinsurance 11	Co-pay 12	Payment 13
12/09-12/09/2016	0250	Emergency Room Ancillary	186.86	130.80	56.06	0.00	05	130.80	0.00	0.00	0.00
12/09-12/09/2016	0636	Emergency Room Ancillary	165.60	165.60	0.00	0.00		165.60	0.00	0.00	0.00
Column Totals			352.46	296.40	56.06	0.00		296.40	0.00	0.00	0.00
Other Insurance Credits or Adjustments 14											236.72
Total Payment Amount 15											0.00
Member Responsibility 16											296.40

Explanation of Reason Codes 17

05 Negotiated discount has been applied.

Explanation of Procedure Codes 18

0250 PHARMACY - GENERAL
0636 PHARMACY-DRUGS REQUIRING DETAILED CODING

Comments 19

AV1 This is a corrected claim. Original claim has been adjusted.

Benefits Determination 20

Read this carefully - this is your notice of payment or nonpayment of claims.

In accordance with the provisions of your plan, you may appeal for reconsideration of any denied portion of this claim by writing to the Administration Office (address above). You should state the reason you believe your claim should be paid, attaching any documentation to support your appeal. The Administrator will consider and respond to your appeal within the time required by your plan. You should review your Plan Summary for specific directions on how and when an appeal must be filed.

Any request for a review of this claim must be received by EMI Health within 180 days of the date of this Explanation of Benefits. You are entitled to receive, upon request and free of charge, reasonable access to all documents, records, and other information relevant to this claim. If agreement is not reached after exhaustion of the claims review process outlined in your member handbook, you may have the right to submit the matter to voluntary binding arbitration or independent review or to pursue civil action. If you are covered by more than one health plan, you should file all your claims with each plan.

EMI Health now offers a full selection of Medigap & Medicare Prescription Drug Plans. Call us or visit www.emihealth.com and click on the Medicare Products tab for more information.

Plans are underwritten and administered by Educators Mutual Insurance Association or Educators Health Plans Life, Accident, and Health in the State of Utah and by EMI Health in the State of Arizona.

Claim Summary 21

Claim #	Patient	Billed	Allowed	Provider Discount	Not Covered	Deductible	Coinsurance	Copay	Payment
217-0000030002-04	SamplePerson	\$5,366.82	\$5,366.82	\$571.42	\$0.00	\$1,616.34	\$0.00	\$0.00	\$652.11
Totals:		\$5,366.82	\$5,366.82	\$571.42	\$0.00	\$1,616.34	\$0.00	\$0.00	\$652.11

How To Read EOB

1. Customer Service: If you have questions, please call us at the toll free number listed at the top of your Explanation of Benefits. Our friendly and knowledgeable representatives are here to assist you.
2. Service Dates: The date(s) the services were received.
3. Proc Code: The code submitted by your provider to identify the procedure performed. Used in conjunction with Explanation of Procedure Codes (18) below.
4. Description of Service: A brief description of the procedure performed.
5. Billed: The billed amount before any negotiated adjustments, co-pays, deductibles, or ineligible amounts.
6. Allowed: The amount allowed by the provider contract.
7. Provider Discount: The amount the provider agrees to write off.
8. Not Covered: The amount determined to be ineligible for payment by the plan.
9. Reason Code: The reason for an adjustment or benefit limitation. Used in conjunction with Explanation of Reason Codes (17) below.
10. Deductible: The deductible requirement at the time charges were processed.
11. Coinsurance: The percentage of allowed amount for which the patient is responsible.
12. Co-Pay: The set dollar amount for which the patient is responsible.
13. Payment: The billed amount less any adjustments.
14. Other Insurance Credit or Adjustments: The amount paid by another health plan or insurance company toward services the patient received.
15. Total Payment Amount: The amount the plan will pay.
16. Member Responsibility: The amount the patient owes the provider. This includes any co-payments, deductibles, co-insurance, and/or excluded charges.
17. Explanation of Reason Codes: The explanation of the Reason Code (5) above. This explains why something is not covered or is discounted from the billed amount.
18. Explanation of Procedure Codes: The detailed description of the Procedure Code (3) above.
19. Comments: Additional information to help explain how the claim was processed.
20. Benefits Determination: The information needed to file a formal review for any denied claim.
21. Claim Summary: A summary of claims processed for this patient during an extended timeframe.