



*** EXPLANATION OF BENEFITS – RETAIN FOR YOUR RECORDS ***

MAIL TO:



Your Name
000 Street
Your Town, Your State, ZIP

PRINTED:	00/00/0000 *date EOB was printed
MEMBER UID:	803999999 *Unique ID number
PATIENT:	Name of family member claim was for
CLAIM #:	1025589
CHECK #:	99999999
PROCESSED:	00/00/0000 *date claim was processed
BILLING #:	798798
PAID TO:	Provider

PAID TO:



Physician/Clinic/Hospital Name
000 Street
City, State, ZIP

PROCEDURE CODE	SERVICE DATES	TOTAL CHARGE	ALLOWABLE EXPENSE	MAJOR MED DEDUCTIBLE	BENEFIT PAYMENT	MEMBER BALANCE	EXCL CODE
99214	4/30/2014	211.00	139.63	11.75	102.30	37.33	30
OFFICE OUTPATIENT VISIT 25 MIN							
36415	4/30/2014	12.00	4.05	0.00	3.24	.81	30
COLLECTION VENOUS BLOOD VENIPU							
TOTALS:		223.00	143.68	11.75	105.54	38.14	



TOTAL PPO SAVINGS ON THIS IN NETWORK CLAIM: 79.32

*** GENERAL COMMENTS & EXCLUSIONS ***

30 – REASONABLE & CUSTOMARY ALLOWABLE BASED ON AVERAGE FEE CHARGED IN GEOGRAPHIC AREA WHERE SERVICE WAS RENDERED.



999 – PAYMENT WILL BE ISSUED TO THE PROVIDER BY BCBS ON BEHALF OF THE PIPELINE INDUSTRY BENEFIT FUND.

IF THERE IS A PPO DISCOUNT ADJUSTMENT ON THIS CLAIM, IT WAS PROVIDED THROUGH BLUE CROSS & BLUE SHIELD PPO AND WAS PROCESSED AS AN IN NETWORK CLAIM.

IND DEDUCTIBLE YTD:	500.00
FAMILY DEDUCT YTD:	781.85
IND CO-INSUR. YTD:	26.39



DO NOT DISCARD THIS EOB. IF YOU QUALIFY FOR THE HRA BENEFIT, YOU CAN USE THIS EOB TO REQUEST REIMBURSEMENT FOR THE MEMBER BALANCE. YOU HAVE UNTIL MARCH 31st OF THE FOLLOWING YEAR TO FILE FOR HRA REIMBURSEMENT ON OUT OF POCKET EXPENSE FOR THE PRIOR YEAR.

CLAIMS FOR ALL MEDICAL SERVICES, OR ADDITIONAL INFORMATION REQUESTED TO COMPLETE A CLAIM, MUST BE SUPPLIED TO THE PIBF OFFICE WITHIN ONE YEAR FROM THE DATE SERVICE WAS PROVIDED. VISIT WWW.PIBF.ORG FOR MORE INFORMATION ON YOUR PLAN; OR TO DOWNLOAD PIBF FORMS.

Understanding Your Explanation of Benefits (EOB)

An important part of making the most of your health care coverage is understanding how your claim is paid. To assist you, PIBF provides you with an important resource called an EOB. An EOB is a document you receive after services are rendered by a health care provider. When your claim is processed, an EOB is produced to provide claim and payment information on a single statement for you and your covered family members regarding those services. Here is an overview of that information and what it means. If you have questions about how to read your EOB, call the PIBF number shown on the bottom of the EOB.

- A. **POLICY INFORMATION & CHECK INFORMATION** – Lists the patient name, check #, claim #, date the payment was issued.
- B. **PROVIDER INFORMATION** – Lists the name and address of service provider.
- C. **PROCEDURE CODE & DESCRIPTION** – A brief explanation of each service being billed.
- D. **DATE OF SERVICE** – The dates that services were provided to the patient.
- E. **TOTAL CHARGE** – The amount charged by the health care provider for each service submitted on the claim.
- F. **ALLOWABLE EXPENSE** – The plan allowance is the amount used to determine our payment and your coinsurance for covered services.
- G. **DEDUCTIBLE** – A deductible is a fixed amount of covered expenses you must incur for certain covered services and supplies in a calendar year before we start paying benefits.
- H. **BENEFIT PAYMENT** – The amount PIBF paid for each service submitted on the claim.
- I. **MEMBER BALANCE** – This is the amount you owe the health care provider after PIBF has processed the claim.
- J. **EXCLUSION CODES** – These codes refer to specific messages that help explain how we calculated our payment. At the bottom of your explanation of benefits, you can also find a brief explanation of the exclusion codes.
- K. **PPO SAVINGS** – This is the amount the PPO provider adjusts from your bill. The PPO savings is the difference between the actual charged amount and the allowed amount. The network provider cannot bill this PPO savings amount to a patient.
- L. **DEDUCTIBLE AND CO-INSURANCE SUMMARY** – Year to date total that you and your family members have paid for deductibles and co-insurance at the time this claim was processed. The summary includes separate totals for both the individual and the family deductible.
- M. **NOTIFICATIONS FROM PIBF** – Important information from the PIBF office regarding the explanation of benefits. Instructions to file HRA claims and information regarding the PIBF website.