

# Understanding Your Explanation of Benefits (EOB)

***An EOB is a statement from your health plan to let you know how a claim was processed. It shows information about services received, the provider and date of service. It's not a bill.***

***Pay special attention to the following areas of your EOB:***

**MARPAI** Marpai Health  
PO Box 21112  
Eagan, MN 55121

## EXPLANATION OF BENEFITS

**Customer Service**  
  
 If you have questions regarding this claim,  
 please visit us online  
[www.myMarpai.com](http://www.myMarpai.com)  
 or call us at (xxx) xxx-xxxx

**Forwarding Service Requested**

TEST / SAMPLE III      J071      1  
 123 ANYWHERE RD  
 SOMEWHERE, XX 12345

**1**

**Group Name:** xxxxxxxx xxxxxxxxxxxx

\*\*\* THIS IS NOT A BILL \*\*\*

<b>Patient:</b> Tommy Tester											
<b>Date:</b> January 1, 1900				<b>Claim Finalized Date:</b> xx/xx/xxxx							
<b>Provider:</b> XXXXXX XXXXXX XXX XXXXXX XXXX				<b>Patient Responsibility</b>				<b>NON-NETWORK</b>			
<b>Rendering Provider:</b> XXXXXX XXXXXX											
Date of Service	Description	Billed Charges	Plan Allowed	Not Covered	Deductible	Co-Pay	Coinurance	PAID Amount	PAID %	Remark Code	
10/04-10/04/2019	Medical Services	\$90.00	\$57.27	\$32.73	\$57.27	\$0.00	\$0.00	\$0.00		07	
10/04-10/04/2019	Medical Services	\$115.00	\$89.47	\$25.53	\$89.47	\$0.00	\$0.00	\$0.00		07	
10/04-10/04/2019	Medical Services	\$90.00	\$28.63	\$61.37	\$28.63	\$0.00	\$0.00	\$0.00		Z12 07	
Gross Total		\$295.00	\$175.37	\$119.63	\$175.37	\$0.00	\$0.00	\$0.00			
Other Insurance/Adjustment								\$0.00			
<b>Patient #:</b> XXXX-XXXXXX-XX				<b>Amount Paid:</b>				\$0.00			
<b>Claim #:</b> XXX-XXXXXXXX-XX				<b>Amount Patient May Owe Provider:</b>				\$xxx.xx			

Year to Date (YTD) SUMMARY - Patient		Not Covered	Out-of-Pocket (OOP)		Patient's Status	
			Deductible	OOP	MOOP <sup>*</sup>	Remaining
NETWORK	Year to Date (YTD) Summary	\$0.00	\$300.52	\$300.52	\$5,400.00	\$5,099.48
NON-NETWORK	Year to Date (YTD) Summary	\$119.63	\$238.37	\$238.37	\$10,000.00	\$9,761.63

<b>Patient:</b> Tommy J Tester		<b>Provider:</b> XXXXXX XXXXXX XXXXXX XXXXXX XXXX									
<b>Patient Account #:</b> XXXX-XXXXXX-XX		<b>Employee:</b> XXXXXX XXXXXX									
		<b>Claim #:</b> XXX-XXXXXXXX-XX									
Treatment Dates	Billed Amount	Not Covered	Reason Code	PPO Discount	Covered Amount	Deductible Amount	Coinurance Amount	Co-pay Amount	Paid At	Payment Amount	
10/04-10/04/2019	\$90.00	\$32.73	07	\$0.00	\$57.27	\$57.27	\$0.00	\$0.00	50%	\$0.00	
10/04-10/04/2019	\$115.00	\$25.53	07	\$0.00	\$89.47	\$89.47	\$0.00	\$0.00	50%	\$0.00	
10/04-10/04/2019	\$90.00	\$61.37	Z12 07	\$0.00	\$28.63	\$28.63	\$0.00	\$0.00	50%	\$0.00	
<b>Column Totals</b>		\$295.00	\$119.63		\$0.00	\$175.37	\$175.37	\$0.00	\$0.00	\$0.00	
<b>Other Insurance Credits or Adjustments</b>										\$0.00	
<b>Total Payment Amount</b>										\$0.00	

**Patient's Responsibility:** \$xxx.xx

**Reason Codes**  
 07 Usual and Customary allowance has been applied. The difference between Billed Charges and U & C may be patient responsibility.  
 Z12 Payment reduced as secondary to primary procedure billed.

**Comments**

1. Basic information about the claim, employer and patient.
2. An overview of services rendered, dates of services, charges submitted and how plan benefits were applied.
3. Explanation of the codes used when applying benefits. This box may include comments regarding your claim. Read this section to see if you need to take any action.
4. Lists the ineligible/not covered charges, any amounts applied to deductible, coinsurance and co-pay. The “patient responsibility” is the amount you owe. Compare this amount to any bill you get from your provider. If they don’t match, call us at the number on your Benefits ID card.

***Need Help? Contact us at the number on your Benefits ID card!***