

# UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)

## WHAT IS AN EOB?

An EOB is a statement from your health insurance plan detailing the costs towards a medical procedure or service you received. An EOB is not a bill.

The purpose of an EOB is to clearly state the cost of care received, costs covered by the insurance plan, and member cost share.

## HOW DO I RECEIVE MY EOBs?



Members are automatically enrolled to receive their EOBs via their secured, online member account.

To access your EOBs:

- Visit [www.aultcare.com](http://www.aultcare.com) and log into your account.
- Select **My Claims**.
- Use the filters to find a specific claim or scroll to the bottom of the page to view your claims. Select a claim number to review the EOB.

If you would like to receive paper EOBs via mail, please contact AultCare Customer Service.



## ITEMS OF INTEREST



When reviewing your EOB, these areas are clearly denoted. On the reverse side of this flyer, there is an example of an EOB.

- Claim payment details
  - » Provider name
  - » Claim number
- Date of service and name of procedure/service
- Cost of procedure/service
- Any applicable discounts and provider adjustments
- Payment amount paid by AultCare based on your plan's deductible, copayment and insurance
- Amount the member is responsible to pay

## CONTACT US

330-363-6360 | 1-800-344-8858  
[www.aultcare.com](http://www.aultcare.com)



# EXAMPLE: EXPLANATION OF BENEFITS (EOB)



P. O. BOX 6910  
CANTON, OH 44706-0910

201912232026

**Electronic Service Requested**

2248 0.0372



Member address information

**Explanation of Benefits  
Enrollee Copy**

For claim questions or general information:

Call: 330-363-6360 or 1-800-344-8858  
Hearing impaired 330-363-2393 or  
1-866-633-4752  
Monday - Friday 7:30 a.m. to 5:00 p.m.

Email: aultcare@aultcare.com

Visit us: www.aultcare.com



Group #:  
Date:  
Member ID:

This is not a bill Group information

Claim payment detail

Amount based on adjustments and coinsurance/copay/deductible

Provider Name: Claim#:	Patient Name: Patient #:	Employee:	Billed Amount	Ineligible Amount	Inel Code	Contractual Adjustment	Adj Code	Coin-Copay/ Deductible	Payment Amount
DATE OF SERVICE --- CPT/MOD PROCEDURE			77.00	0.00		10.59	O3	13.28	53.13
DATE OF SERVICE --- CPT/MOD PROCEDURE			14.00	0.00		10.94	O3	0.61	2.45
DATE OF SERVICE --- CPT/MOD PROCEDURE			5.00	0.00		1.94	O3	0.61	2.45
DATE OF SERVICE --- CPT/MOD PROCEDURE			0.00	0.00		0.00		0.00	0.00
DATE OF SERVICE --- CPT/MOD PROCEDURE			0.00	0.00		0.00		0.00	0.00
<b>TOTALS</b>			96.00			23.47		14.50	58.03

Date of service and name of procedure/service

Cost of procedure/service

Amount AultCare will pay

Member responsibility amount

TOTAL PAYMENT AMOUNT: 58.03

Patient Responsibility 14.50

**Messages**

- \* For current accumulator information, please view your account on our website.
- \*\* If this plan is the secondary payer, the patient responsibility field may not reflect accurately. Please confirm the amount due with your provider of service.
- \*\*\* The affiliation fee is a contracted amount between the provider and the leased network. The patient is not responsible for this amount.

**Payment To:**

**Check No**

**Amount**

AultCare payment information to provider

58.03

**Reason Code Description**

O3 FEE ADJUSTMENT/PROVIDER DISCOUNT, PATIENT NOT REQUIRED TO PAY.