

# Explanation of Benefits

HealthSCOPE Benefits  
27 Corporate Hill Drive  
Little Rock, AR 72205



Customer Service Hours:  
8AM-5PM CST 888-555-1234  
IVR & Website available 24 hrs  
www.healthscopebenefits.com

015779-0000001-0000002-0197920  
JOHN DOE  
123 N. MAPLE STREET  
ANYTOWN, AR 37902

Customer Service Data	
Member:	John Doe
Patient:	Jane Doe
Birthdate:	0212XXXX
Relationship:	Child
Patient Account Number:	J12345678
Trans#:	CHP8066888
Provider:	MEMORIAL HEALTH UNIVERSITY MED
Date Processed:	04/11/2017
Check #:	
Group ID:	ABC
Subgroup Name:	ABC.1000

## Explanation of Benefits (EOB) This is not a bill

This is an Explanation of Benefits for a claim received for JANE DOE on 04/07/2017 for services provided by MEMORIAL HEALTH UNIVERSITY MEDICAL CENTER INC..

### Claim Summary

Amount Billed	\$284.00	This is the full amount the provider billed for services.
Discount	\$0.00	You saved \$0.00 by using an in-network provider. HealthSCOPE Benefits has negotiated discounts with in-network providers to help save you money.
What the plan paid	\$75.35	The amount the plan paid on your behalf.
What you owe	\$0.00	This is the amount that you owe after discounts have been applied and the plan has paid. Your liability includes deductible amounts, applicable co-insurance, and services not covered under the plan.

### Claim Detail

Service Date	Type of Service	Comment Codes	Amount Billed	Discounts	Excluded	Adjusted	Copay	Deductible	Balance	Paid At %	Benefit
03-14-17	1-Professional Service		284.00	0.00	208.65	0.00	0.00	0.00	75.35	100	75.35
<b>Claim Totals</b>			284.00	0.00	208.65	0.00	0.00	0.00	75.35		75.35

Comment Codes: P1871

PAID to Provider CHECK # 000000-7878-999 75.35  
Patient Liability 0.00

### Plan Status/Accumulators

INDIVIDUAL Deductible Met \$	\$128.04
INDIVIDUAL Deductible MET \$	\$32.04
INDIVIDUAL Coinsurance MET \$	\$81.01
INDIVIDUAL Coinsurance Met \$	\$81.01
INDIVIDUAL Cumulative Copay MET \$	\$863.04
FAMILY Deductible Met \$	\$318.84
FAMILY Deductible MET \$	\$32.04
FAMILY Coinsurance MET \$	\$385.47
FAMILY Coinsurance Met \$	\$385.47
FAMILY Cumulative Copay MET \$	\$913.04