

Understanding Your Explanation of Benefits (EOB)



1 The Explanation of Benefits (EOB) document is **not a bill**. The EOB is a document sent by your insurance provider. It is used to show you details of your air medical transport and break down the cost of services. It also serves as a record of your claims relating to this transport and can be referenced as you work with your GMR patient account representatives or your insurance provider.

GOOD HEALTH GROUP OF OHIO
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Explanation of Benefit Payments

An EOB is a statement showing how claims were processed. **This is not a bill.** Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

2 CHECK REF. NO.: 735483945
 STATEMENT DATE: 06/08/2019
CONTRACT#: 846583241
GROUP#: 5387356 2001

EXAMPLE

Dates of Service	Description of Services	Amount Charged	Allowed Amount	Other Insurance \$	Your Responsibility				Amount Paid	RSN Code
					Deductible	Copay	Coinsurance	Other Amounts Not Covered		
Patient: Andrew Smith	AirCare Team									
Provider: 37583946719843										
Claim: 05/20/19	Ambulance	\$27,945	\$6,365	\$0.00	\$0.00	\$0.00	\$0.00	\$24,325	\$6,128	A
05/20/19	Ambulance	\$22,476	\$1,756	\$0.00	\$0.00	\$0.00	\$0.00	\$15,438	\$1,946	A
05/20/19	Ambulance	\$756	\$52	\$0.00	\$0.00	\$0.00	\$0.00	\$745	\$52	A
	Totals	\$51,177	\$8,173	\$0.00	\$0.00	\$0.00	\$0.00	\$40,508	\$8,126	A

A-This health care provider did not participate with Good Health Group for the service shown. We do not pay non-participating providers directly. Instead, we'll pay you our allowed amount minus any deductibles, copayments and coinsurance you may have. You can expect the provider to bill you for your cost-sharing, and they may also bill you for the difference between our allowed amount and their charge.

2 Reference Number

The unique identifier assigned specifically to you for your air medical transport, which can be referenced as you work with your Global Medical Response (GMR) patient account representatives or your insurance provider.

3 Description of Services

Each insurer lists these costs differently, so please contact one of our Patient Advocates for more information.

4 Amount Charged

The total amount billed by the GMR company that transported you. While you may not need to pay the entire amount after a patient account representative helps you work with your insurance, it reflects the true cost of your air medical transport for reference.

5 Allowed Charges/Amount

The amount that your insurance company will reimburse the GMR company that provided your service. The charge depends on the type of insurance or coverage you have and will be lowered after applying deductibles and coinsurance.

6 Other Insurance

In addition to your primary insurance provider, this category includes other plans you may have, such as Medicare or Medicaid.

7 Deductible Amount

The amount that you are responsible for paying before your insurance provider will pay anything toward your transport.

8 Copay Amount

A co-pay is the fixed dollar amount you are required to pay (usually a flat fee) before the service is provided, as designated in your health care plan.

9 Coinsurance Amount

The percentage of the air medical transport cost you are responsible for paying after you've paid your deductible, as designated in your health care plan.

10 Amount You Owe

The total amount you may owe for your air medical transport. This includes the deductible, coinsurance and copayment amounts.

11 Reason Code

Depending on the document, reason codes can clarify why claims were approved or denied, or why you may be responsible for portions of your transport.

