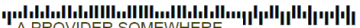




# Understanding your Explanation of Benefits statement

Anytime you or a covered family member sees a provider, that provider submits a claim to us. Once this happens, we create an Explanation of Benefits (EOB) to help you better understand how the claim was processed — including how much your plan covered and what you owe. This resource walks you through an EOB example, explaining each section along the way. **Please note, your EOB may look different depending on your plan.**

**United HealthCare Insurance Company**  
P.O. Box 809025  
Dallas, TX 75380-9025

**Electronic Service Requested**  
  
8495 0.5234 FP 0.433  
  
A PROVIDER SOMEWHERE  
PO BOX 123456  
SOMEWHERE, TX 71234-6789

**Questions?**  
Please contact Customer Service at  
(800) 767-0700

| CHECK NO. | CHECK DATE | CHECK AMOUNT |
|-----------|------------|--------------|
| 0         | MM/DD/YY   | \$0.00       |

CLAIM #: 12345678-01-01-001  
POLICY #: YY-XXXX-XX  
APPEALS STATE: TX  
ID NUMBER: 1234567  
SCHOOL ID: 12345678  
INSURED: John Doe  
PATIENT: John Doe  
PATIENT ACCT. #: 01Z123456  
PAYEE: A Provider Somewhere  
ADDRESS: PO Box 123456  
Somewhere, TX 71234  
  
BILLING NPI:  
PROVIDER: A Provider Somewhere  
PROVIDER NPI:

**EXPLANATION OF BENEFITS – This is NOT a Bill**  
**Payment**

| Ref #          | Service      | Dates of Service From To | Proc Code | Amount Claimed | Ineligible | Discount | Total Covered | Co-pay | Policy Deductible | Total Benefits | Patient Balance | Remark Code |
|----------------|--------------|--------------------------|-----------|----------------|------------|----------|---------------|--------|-------------------|----------------|-----------------|-------------|
|                | DOCTOR VISIT | MM/DD/YY-MM/DD           | 99213     | 96.00          |            | 19.91    | 76.09         |        | 76.09             |                | 76.09           | 685         |
| <b>Totals:</b> |              |                          |           | 96.00          |            | 19.91    | 76.09         |        | 76.09             |                | 76.09           |             |

**Remarks:**  
685-If you have no other insurance, please contact our office at 1-800-767-0700.  
Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.  
Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.  
UnitedHealthcare StudentResources is going green. Simply go to uhcsr.com and log into my account or create an account  
To start receiving important correspondence electronically!  
  
**HELP FIGHT FRAUD!!** Review Your Health Care Invoice against this EOB. Call the Anti-Fraud Hotline with Any Discrepancies **HOTLINE # (866) 497-2445**.  
  
"This claim and all other claims shall remain subject to all Policy provisions and Exclusions/Limitations. We reserve the right to investigate for Pre-Existing Conditions and applicable Exclusions/Limitations"  
EOB (9/12)

**RESERVED FOR CHECKS**

## Insured/Patient

This section identifies the person who received care. Insured refers to the subscriber of the health plan, patient refers to the person who got care.

## Claim summary

Here, we give you an at-a-glance overview of the dates of service, the total amount that was charged by a provider or providers during this timeframe, and how much you are responsible for paying.

**1 In the upper right section of your EOB, you'll find general information.**

If a payment was made to the provider, you'll see the check details in the top boxes. Below that are things like the claim and policy number, your ID numbers, both the insured's and the patient's name, as well as the provider's name and address.

**1**

| CHECK NO.   | CHECK DATE | CHECK AMOUNT |
|---|------------|--------------|
| 0   | MM/DD/YY   | \$0.00       |
| <b>CLAIM #:</b> 12345678-01-01-001<br><b>POLICY #:</b> YY-XXXX-XX<br><b>APPEALS STATE:</b> TX<br><b>ID NUMBER:</b> 1234567<br><b>SCHOOL ID:</b> 12345678<br><b>INSURED:</b> John Doe<br><b>PATIENT:</b> John Doe<br><b>PATIENT ACCT. #:</b> 01Z123456<br><b>PAYEE:</b> A Provider Somewhere<br><b>ADDRESS:</b> PO Box 123456<br>Somewhere, TX 71234<br><br><b>BILLING NPI:</b><br><b>PROVIDER:</b> A Provider Somewhere<br><b>PROVIDER NPI:</b> |            |              |

**2**

**3**

**4**

**5**

**6**

**7**

**8**

**9**

**10**

**11**

| Ref #          | Service      | Dates of Service From To | Proc Code | Amount Claimed | Ineligible | Discount | Total Covered | Co-pay | Policy Deductible | Total Benefits | Patient Balance | Remark Code |
|----------------|--------------|--------------------------|-----------|----------------|------------|----------|---------------|--------|-------------------|----------------|-----------------|-------------|
|                | DOCTOR VISIT | MM/DD/YY-MM/DD           | 99213     | 96.00          |            | 19.91    | 76.09         |        | 76.09             |                | 76.09           | 685         |
| <b>Totals:</b> |              |                          |           | 96.00          |            | 19.91    | 76.09         |        | 76.09             |                | 76.09           |             |

**Remarks:**

685-If you have no other insurance, please contact our office at 1-800-767-0700.  
 Discount: Payment has been made in accordance with an agreement with United Healthcare or United Behavioral Health.  
 Patient Balance: Co-pay, Policy Deductible, Co-Insurance & All Amounts Over Policy Limits.  
 UnitedHealthcare StudentResources is going green. Simply go to [uhcsr.com](http://uhcsr.com) and log into my account or create an account  
 To start receiving important correspondence electronically!

- 2 Procedure Code** - Used to document medical procedures performed.
- 3 Amount Claimed** - The dollar amount claimed by your provider.
- 4 Ineligible** - Charges for services not covered by your policy or out of network claims that have billed over the Usual and Customary for the geographic area.
- 5 Discount** - Preferred Provider Network discount, if applicable.

- 6 Total Covered** - Dollar amount for covered benefits.
- 7 Copay** - Dollar amount you're required to pay for certain Covered Medical Expenses.
- 8 Policy Deductible** - Dollar amount required to be paid before benefit payment is made.
- 9 Total Benefits** - Total paid by your insurance.
- 10 Patient Balance** - Dollar amount owed by insured.
- 11 Remark Code** - The code in the Remark column is explained under the remarks section.

**Learn more**

Visit [uhcsr.com](http://uhcsr.com) for additional information.

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ATENCIÓN: Usted tiene a su disposición servicios de asistencia en otros idiomas, sin cargo. Llame al 1-866-260-2723.

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