

Questions about your EOB?

The explanation of benefits (EOB) is an important aspect of your health care billing process. To help you find the information you need here is a guide to reading your EOB.

If you have further questions about your EOB, please feel free to call RBA Customer Service:

(208) 333-1580 or

Toll Free (866) 373-1526

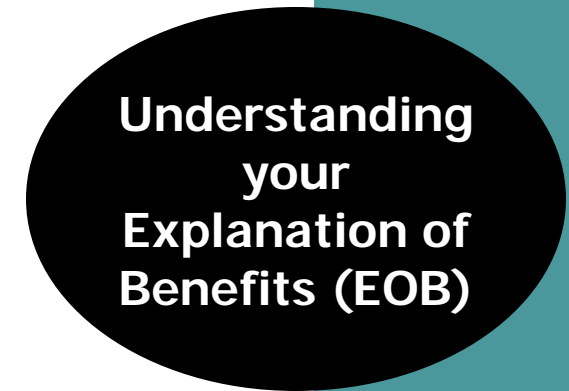
Privacy

Privacy is an important part of health care. It is our policy to mail EOB's to the patient who received a medical service, including children under the age of eighteen (18). This policy was developed under the guidance of the Health Insurance Portability and Accountability Act and designed to keep your personal health information confidential.



Riverside Benefit Administrators
PO Box 5429
Boise, ID 83705

Boise Area: (208) 333-1580
Toll Free: 1-866-373-1526
Fax: 208-433-4600



How to read your Riverside Benefit Administrators EOB

- 1 **Patient Name & Mailing Address**
- 2 **Contract #:** Contract/Subscriber Number assigned by RBA
- 3 **Claim #:** Used by RBA to reference the claim
- 4 **Patient's Name:** Name of the patient that received the medical service
- 5 **Dates of Service:** Date range of all services submitted on this one claim
- 6 **Provider:** Name of the medical doctor, hospital or ancillary provider that delivered the medical service
- 7 **Serv No.:** Number assigned by RBA for each medical service submitted
- 8 **Service Date:** Date that the specific medical service was performed
- 9 **Service Description:** Brief description of the type of medical service
- 10 **Days/Units:** Number of times a service is being billed
- 11 **Charged Amount:** Amount charged by provider for each medical service submitted
- 12 **Allowed Amount:** Amount Allowed by RBA for each medical service submitted as defined by network agreement
- 13 **Denied Amount:** Amount not covered due to eligibility, plan limitations/exclusions, and duplicate submissions
- 14 **Deduct Amount:** Amount applied toward the plan year Deductible
- 15 **Copay Amount:** Specific copay amount for service provided
- 16 **Coinsurance Amount:** Percentage of allowable amount the patient is responsible for based on plan contract (i.e. 20%)
- 17 **Payment Amount:** Amount paid for the medical services received
- 18 **Explanation Codes:** Message codes assigned to the medical services during claims processing (see #20 Messages)
- 19 **Statement Totals:** Summary of all services contained in one EOB
- 20 **Messages:** Definitions of the Explanation Codes that provide specific details related to how the claim was processed
- 21 **Patient's Minimum Responsibility:** This is the minimum amount that you may be responsible for. This may not include balance billing or other charges for non-participating providers.

RIVERSIDE BENEFIT ADMINISTRATORS
 TPA FOR SLRMC EMPLOYEE HEALTHCARE
 800 Park Blvd., Ste. 760
 Boise, ID 83712



Forwarding Service Requested

Questions please call (208) 333-1580

1 JANE DOE
 123 BOISE STREET
 BOISE, ID 83712

Employee: JANE DOE
 Run Date: 10/24/06

Explanation of Benefits - THIS IS NOT A BILL

Contract #: P0000000		Patient Name: JANE DOE		Provider:MALE DOCTOR, MD								
Claim #: 0000000000		Dates of Service: 092506 - 092506		DRG:								
Serv No.	Service Date	Service Description	Days/Units	Charged Amount	Allowed Amount	Denied Amount	Deduct Amount	Copay Amount	3rd Party Payment	Coinsurance Amount	Payment Amount	Explanation Codes
0100	092506	EVALUATION &	1	72.00	52.36	.00	52.36	.00	.00	.00	.00	I9 DD
0200	092506	RADIOLOGY	1	75.00	49.25	.00	49.25	.00	.00	.00	.00	I9 DD
Totals				147.00	101.61	.00	101.61	.00	.00	.00	.00	

Contract #: P0000000		Patient Name: JANE DOE		Provider:ABC HOSPITAL								
Claim #: 0000000000		Dates of Service: 101006 - 101006		DRG:								
Serv No.	Service Date	Service Description	Days/Units	Charged Amount	Allowed Amount	Denied Amount	Deduct Amount	Copay Amount	3rd Party Payment	Coinsurance Amount	Payment Amount	Explanation Codes
0100	101006	LABORATORY/PATHO	1	19.00	14.25	.00	14.25	.00	.00	.00	.00	I8 K8 DD
0200	101006	LABORATORY/PATHO	1	48.00	36.00	.00	36.00	.00	.00	.00	.00	I8 K8 DD
0300	101006	LABORATORY/PATHO	1	80.00	60.00	.00	60.00	.00	.00	.00	.00	I8 K8 DD
0400	101006	LABORATORY/PATHO	1	70.00	52.50	.00	16.51	.00	.00	7.20	28.79	I8 K8 80 DD
0500	101006	LABORATORY/PATHO	1	57.00	42.75	.00	.00	.00	.00	8.55	34.20	I8 K8 80
0600	101006	LABORATORY/PATHO	1	42.00	31.50	.00	.00	.00	.00	6.30	25.20	I8 K8 80
0700	101006	LABORATORY/PATHO	1	52.00	39.00	.00	.00	.00	.00	7.80	31.20	I8 K8 80
0800	101006	LABORATORY/PATHO	1	60.00	45.00	.00	.00	.00	.00	9.00	36.00	I8 K8 80
Totals				428.00	321.00	.00	126.76	.00	.00	38.85	155.39	

Statement Totals

Charged Amount	Allowed Amount	Denied Amount	Deduct Amount	Copay Amount	3rd Party Payment	Coinsurance Amount	Payment Amount	Patient's Minimum Responsibility
575.00	422.61	0.00	228.37	0.00	0.00	38.85	155.39	267.22

Messages

- 80 PAY - COINSURANCE APPLIED AT 20%
- DD PAY - APPLIED TO DEDUCTIBLE
- I8 PAY - PAID ACCORDING TO THE ST LUKE'S EMPLOYEE DISCOUNTED RATE
- I9 PAY - PAID ACCORDING TO THE SELECT NETWORK CONTRACTED RATE
- K8 PAY - ADULT PHYSICAL PREVENTIVE BENEFIT MET