


## What is an Explanation of Benefits (EOB)?

After you visit your provider, you may receive an Explanation of Benefits (EOB) from MHS. This is an overview of the total charges for your visit and how much you and MHS will have to pay. **An EOB is NOT A BILL.** It helps to make sure that only you and your family are using your coverage.

Here's an example of an Explanation of Benefits:

Managed Health Services  
550 N. Meridian St., Suite 101  
Indianapolis, IN 46204

Electronic Service Requested

mhs 

1.8707 0.3564 AB 0.413 ALL FOR AADC 030  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

1-877-647-4848 **7**

Date: 09/05/2015  
Member ID: 00000000000  
Member Name: XXXXXXXXXXXXXXX  
Patient Name: XXXXXXXXXXXXXXX

**This is Not a Bill**

**MEMBER EXPLANATION OF BENEFITS**

Provider of Service: SJ PHYSICIANS SERVICES I **2** **3** **4** Claim Number: N000NHE00000 **5** **6**

Line	Dates of Service	Amount Billed	Amount Allowed	Amount Excluded	Paid by Plan	Paid by Medicare	Paid by Other	Out of Pocket Costs Co-pay	Out of Pocket Costs Co-ins	Remark Codes
0101	01/28/2014-01/28/2014	-125.00	-42.72	-42.72	0.00	0.00	0.00	0.00	0.00	A1
<b>Service Details:</b> OFFICE/OUTPATIENT VISIT EST										
0102	01/28/2014-01/28/2014	125.00	42.72	42.72	0.00	0.00	0.00	0.00	0.00	18
<b>Service Details:</b> OFFICE/OUTPATIENT VISIT EST										
<b>Totals</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

Provider of Service: SJ PHYSICIANS SERVICES I **4** Claim Number: N000NHE00000 **5**

Line	Dates of Service	Amount Billed	Amount Allowed	Amount Excluded	Paid by Plan	Paid by Medicare	Paid by Other	Out of Pocket Costs Co-pay	Out of Pocket Costs Co-ins	Remark Codes
0101	01/28/2014-01/28/2014	-125.00	-42.72	-42.72	0.00	0.00	0.00	0.00	0.00	A1
<b>Service Details:</b> OFFICE/OUTPATIENT VISIT EST										
0102	01/28/2014-01/28/2014	125.00	42.72	42.72	0.00	0.00	0.00	0.00	0.00	18
<b>Service Details:</b> OFFICE/OUTPATIENT VISIT EST										
<b>Totals</b>		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

**Remark Code Descriptions**

18 DENY: DUPLICATE CLAIM SERVICE  
92 PAID IN FULL  
A1 DENY: AUTHORIZATION FOR SERVICE IS NOT ON FILE - DO NOT BILL PATIENT

**This is not a bill.**

We want to verify you received the services listed above. If you did not receive them, please contact MHS Member Services Department at 1-877-647-4848 (TDD/TTY 1-800-743-3333).

Thank you,  
Managed Health Services

**1 Service Detail:** A description of the healthcare services you received, like a medical visit, lab tests or screenings.

**2 Amount Billed:** The amount your provider bills for your visit.

**3 Amount Allowed:** The amount your provider will be reimbursed. This may not be the same as the Amount Billed.

**4 Paid by Plan:** The amount MHS will pay to your provider.

**5 Out of Pocket Costs:** The amount the patient or insurance plan member may owe. This includes a co-pay, if you have one. You may have already paid this amount.

**6 Remark Code:** A note from MHS that explains more about the costs, charges, and paid amounts for your visit.

**7 MHS Member Services:** Phone number to call with questions about your EOB.

**Remember, an EOB is not a bill!**