


How to Read Your Explanation of Benefits (EOB)

Shortly after you visit a doctor or other service provider, you'll receive an Explanation of Benefits (EOB). An EOB is a statement of services, provider charges and payments processed through your Medicare supplement plan. It's not a bill but is useful for understanding your services and costs.

Please review your EOBs carefully and retain for your records. To view your EOBs electronically and at your convenience, log in to your Customer Access account.

Please review our sample EOB with explanations to familiarize yourself with these documents. This is NOT a real EOB.



MUTUAL OF OMAHA INSURANCE COMPANY
3300 Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

EXPLANATION OF BENEFITS

Statement Date: 03-31-20
Insured: MARQUISB X STEPHENS
Patient: MARQUISB X STEPHENS
Cert. Number: 033899278
Claim Number: 584000420800 001

DIRECT MUTUAL OF OMAHA COMPANIES
INQUIRIES CLAIMS DEPARTMENT
TO: 3300 MUTUAL OF OMAHA PLZ
OMAHA, NE 68175-1004

IF YOU HAVE ANY QUESTIONS CALL
1-800-775-1000

THIS IS NOT A BILL
PLEASE REVIEW THE REVERSE SIDE OF THIS FORM
PLEASE RETAIN FOR YOUR RECORDS - ADDITIONAL COPIES NOT AVAILABLE

Provider Name	Date of Service	Nature of Service	Submitted Charges	Copy, Coinsurance and Other Charges Not Covered	Less Deductible	Remaining Covered Charges	Benefit	Remaining Amount
Claim Detail Number	From	To	Amount	Amount	Amount	%	Amount	
JOHN SMITH MD POLICY #: 508444-94M PT#TEST 584000420800-001	020120	020120	MEDICAL	285.00	228.00	57.00	100	57.00
TOTAL			285.00				57.00	

PAYMENT SUMMARY

Benefits Paid To: HEALTH PROVIDER Amount 57.00

NOTES:

1 MEDICARE'S PAYMENT-THIS MAY INCLUDE MEDICARE'S REDUCTION AMOUNT. YOU ARE NOT RESPONSIBLE FOR THIS AMOUNT.

1 Claim Information

Have this information on-hand when calling our Customer Service department with questions about your EOB.

2 Customer Service Phone Number

This is the number you call with questions about your claim or EOB. Representatives are available Monday through Thursday from 7:00 a.m. - 5:30 p.m. and Friday from 7:00 a.m. - 5:00 p.m. CST.

3 Claim Detail

This is a summary of the service(s) you received. The provider name, claim detail number, policy plan number, and date of service can be found in this area.

4 Charges & Payment Details

This section provides information regarding the submitted charges and payment. Specific details are provided in the Notes section at the bottom of the EOB, and may include information about:

(A) Medicare's Payment Responsibility (1) - The amount paid by your Medicare Part A or Part B coverage. In this example, Medicare paid \$228.

(B) Your Medicare Supplement Plan's Responsibility - The amount paid by your Medicare supplement insurance policy. In this example, the Medicare supplement policy paid a total of \$57.

5 Payment Summary

The amount paid by your Medicare supplement policy. This section will show the benefit amount paid to your health care provider or medical facility, in addition to the amount you may owe. In this example, the policyholder is not responsible for any charges.