



EXPLANATION OF BENEFITS

Page: 1 of 1
Date: 02/02/10

THIS IS NOT A BILL

253 Summer Street
Boston, MA 02210

Member ID: NHP1234567 **A**

AARON C DOE
9999 ANY STREET
GILLETTE WY 99999

Service Dates	Service	Charges	Allowed	Paid	Deductible	CoPay	Co-Insurance	Member Message
Claim Number: 56123E01234 B		Provider: Any Doctor D						
10/25/05-10/25/05	Physician	\$75.00	\$60.00	\$50.00	\$0.00	\$10.00	\$0.00	1
Claim Number: 98745E12345		Provider: ER of Any Hospital						
10/26/05-10/26/05	ER Facility C	\$1,150.00	\$150.00	\$100.00	\$50.00	\$0.00	\$0.00	2
Claim Number: MH10123456		Provider: Any Doctor						
01/05/10-01/05/10	Behavioral Health	\$148.00	\$67.16	\$67.16	\$0.00	\$0.00	\$0.00	
Claim Number: RX100345678912345		Provider: Any Pharmacy						
10/26/05-10/26/05	Pharmacy	\$150.00	\$150.00	\$100.00	\$50.00	\$0.00	\$0.00	
Claims Tot F		\$1,523.00	\$427.16 G	\$317.16	\$100.00	\$10.00	\$0.00	H

E-1 Member Message(s):

1. A portion of this claim has been paid by another insurer.
2. This claim has been adjusted. Your Deductible, CoPay, or Coinsurance totals may have changed.

Helpful Definitions	
Allowed:	This is the contracted rate agreed upon between the provider and NHP.
Claim Number:	This is the NHP identification number for the services rendered.
Coinsurance:	This is the amount of covered expenses that you pay when you receive covered services. Coinsurance amounts vary depending on the services and your benefit plan.
CoPay:	This is the fixed amount that you pay when you receive a covered service or prescription. CoPay amounts vary depending on the services and your benefit plan.
Deductible:	This is the amount you pay to providers each year before NHP begins paying benefits (that are subject to deductible) under your benefit plan.
Pharmacy Charges:	Pharmacy charges include Dispensing Fees.
Provider:	The medical professional, hospital or health services organization that provided medical, behavioral health, or prescription services to the patient listed.

You may have other claims outstanding, including claim corrections. If so, you may receive another EOB next month. If you have any questions, please contact the NHP Customer Care Center at 1-800-462-5449 (TTY 1-800-655-1761). Customer Care Center Hours: Monday to Friday 8:00 AM to 6:00 PM, Thursday until 8:00 PM. **I**
If you did not receive these services, please contact the NHP Customer Care Center as soon as possible.

Thank You for choosing Neighborhood Health Plan.

- A**– This is the number that appears on your ID card
- B**– This is the NHP claim number
- C**– This is the type of service provided during your visit
- D**– This is the name of the facility or doctor you visited
- E**– See message below (**E-1**) if there is a number in this column
- F**– This is the total billed by the providers for all claims listed
- G**– This is the total paid by NHP for all claims listed
- H**– This is the total amount contributed to Deductible, Co-pay, and Coinsurance for all claims listed
- I**– Please call this number if you have any questions