Explanation of Benefits (EOB) Example: SUPro

P1401005006

Syracuse University
C/O POMCO
P.O. Box 6329
Syracuse, NY 13217

Temp-Return Service Requested

If you have any questions, please call 1-877-GO1-SU44 or visit POMCO online at www.benefitsoft.com.

1 OF 1

ENV 11688

A	Enrollee:
B	Patient:
C	Group:
D	Group #:
E	Claim #:
F	Patient #:
G	Date:

THIS IS NOT A BILL

Explanation of Benefits for Services Provided By: H

Dates of Service	Service Code	Total Charge	Ineligible	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
I	J 16	K 112.00	L 59.00	M 53.00	N 0.00	O 0.00	P 53.00	Q 80%	R 42.40
Reason Codes:	mn S								
	TOTAL	112.00	59.00	53.00	0.00	0.00	53.00		42.40

T Other Insurance Credits or Adjustments	0.00
U Total Net Payment	42.40
V Total Patient Responsibility	10.60

Accumulators W

Your 2009 deductible has been satisfied

Payment To:	Check No.	Amount
	X	42.40

Service Code	
16	Provider Visits Y

Reason Code Description	
mn	Provider may bill up to ppo/negotiated rate. Z

Key:

MATCHING FIELD FROM EOB	DESCRIPTION
A	The enrollee is an eligible employee or COBRA participant under whose Member ID enrollment is made.
B	The member who received the services.
C	The name of the Plan ("Syracuse University").
D	The 3 digit Plan Sponsor Number assigned by POMCO. Syracuse University's Plan Number is 770.
E	The 10 digit claim number randomly assigned by POMCO.
F	The patient ID number assigned by the provider's office.
G	The date the claim was paid.
H	The name of the provider that rendered the services.
I	The date the service was incurred.
J	The code for the type of service that was provided. The key for this code is found in box "Y".
K	The amount the provider of the service charged.
L	The amount not allowed by the Plan or items not covered by the Plan. This is the difference between box "K" and box "M".
M	If the provider participates in the POMCO/PHCS-MultiPlan network, this is the negotiated amount between the provider and POMCO/PHCS-Multiplan network. The provider has agreed not to bill the patient for the amount in box "L". If the provider does not participate in the POMCO/PHCS-MultiPlan network, this is the POMCO CNY Area PPO fee schedule as determined by POMCO. Providers may bill the patient for the amount in box "L". If the service provided was not covered under the Plan, this is the Total Charge. This will be explained in box "Z" and you will be billed for the amount in box "L".
N	This is the amount applied to the annual deductible if the service is subject to a deductible.
O	This is the Plan copayment amount, if applicable, for the service provided. You may have paid this at the time of visit.
P	This amount is calculated by taking the total in box "M" and subtracting the amounts in boxes "N" and "O".
Q	This is the Plan's portion of the balance, taking into account any coinsurance that may be required.
R	This is box "P" multiplied by box "Q". This may be reduced by insurance credits or other adjustments.
S	The code for the Plan's coverage of the service. The key for this code is found in box "Z".
T	Other Insurance Credits are the amounts that were paid by other plans, if applicable. Adjustments are penalties applied by the Plan for non-compliance, if applicable.
U	This amount is calculated by taking the Total of Payment Amount and subtracting the Other Insurance Credits or Adjustments.
V	Total amount for which the patient is responsible. This includes copayments, deductibles, percentage coinsurance, and amounts over allowed charges, if applicable. Some or all of this amount may have been paid to the provider at the time of service.
W	The amount of the annual deductible left to be satisfied. If not applicable, this will not be printed on the EOB.
X	The name and check number on the check sent by POMCO.
Y	The explanation for the Service Code noted in box "J".
Z	The explanation for the Reason Code noted in box "S".

Explanation of Benefits (EOB) Example: SUPro

P1401005006

2009059733002

Syracuse University
c/o POMCO
P.O. Box 6329

Temp-Return Service Requested

POMCO

ENV 17700

If you have any questions,
please call 1-877-461-7844
or visit POMCO online at
www.benefitsoft.com.

A Enrollee:
B Patient:
C Group:
D Group #:
E Claim #:
F Patient #:
G Date:

THIS IS NOT A BILL

Explanation of Benefits for Services Provided By: H

Dates of Service	Service Code	Total Charge	Ineligible	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
I	J fl	K 228.00	L 122.00	M 106.00	N 95.00	O 0.00	P 11.00	Q 80%	R 8.80
Reason Codes:	dc S								
	TOTAL	228.00	122.00	106.00	95.00	0.00	11.00		8.80

T Other Insurance Credits or Adjustments 0.00
U Total Net Payment 8.80
V Total Patient Responsibility: 97.20

Accumulators W

Your 2009 deductible has been satisfied

Payment To:	Check No.	Amount
	X	8.80

Service Code

fl Radiology Services Y

Reason Code Description

dc Patient Responsible for deductible/coinsurance Z

Key:

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C	The name of the Plan (“Syracuse University”).
D	The 3 digit Plan Sponsor Number assigned by POMCO. Syracuse University’s Plan Number is 770.
E	The 10 digit claim number randomly assigned by POMCO.
F	The patient ID number assigned by the provider’s office.
G	The date the claim was paid.
H	The name of the provider that rendered the services.
I	The date the service was incurred.
J	The code for the type of service that was provided. The key for this code is found in box “Y”.
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