



How to read your EOB

A quick guide to your Explanation of Benefits (EOB)

Have you ever received a bill from your doctor or another health care provider and wondered if the amount you're being charged is correct? That's where an EOB comes in. An EOB can help you figure out how much, if anything, you owe and what your health plan benefits paid for the care.

The EOB – it's not a bill

It's a summary that shows you exactly how your benefits work for every doctor visit and service, how much we pay, and if you owe anything. An EOB also tells you how much you've paid toward your deductible for the calendar year.

BRMS sends you an EOB when a doctor or health care provider files a claim for a visit or service. If you have multiple visits with the same doctor in one day, BRMS will send just one EOB.

Always compare your EOB to your doctor's bill

When you get a bill from a doctor, hospital, lab or other health care facility for care or a service, it's a good idea to check it against your EOB. By doing so, you can make sure you're being billed for the correct service and that you're paying the doctor the right amount based on how BRMS processed and paid the claim.

View your EOBs and more online!

View your benefit plans and EOBs online, 24/7, on Vbas. Signing up is easy and takes just a few minutes:

1. Log in at vbas.com/anaheim. Pay close attention to the login structure.
2. Select **Manage Your Benefits** and follow the prompts.
3. Under **Enrollment Status**, select **View my Claims History/EOB**



It's all here

The EOB shows how much BRMS paid for your care and if you owe anything

To help you understand an EOB, here's a sample that explains all the information you'll see on one:

- Issue Date:** The date BRMS created your EOB. Check out **Service Date(s)** to find the date you saw the provider.
- Provider of Services:** Your doctor or other health care provider and the place where you got care.
- Amount Paid:** What your AUHSD health plan paid for your care.
- It is not your responsibility to pay:** The amount saved (if an in-network provider was seen).
- It is your responsibility to pay:** This is the amount you owe the provider based on your coverage.
- FOR PPO ONLY - Payment Details:** The payment summary sent to the Primary Insured. Out of network provider payment is the responsibility of the Primary Insured.
- FOR PPO ONLY - Deductible to Date and Family Deductible to Date:** The amount you and/or your family have paid towards your annual deductible(s).
- Customer Service information:** How to reach BRMS if you have questions about your EOB.



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[EP-EP]

Forwarding Service Requested

JANE DOE
1234 S. MAIN STREET
ANYTOWN, CA 92803

J93C 39,077

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

Questions? Please call our Customer Support Department at 1-866-730-8588 7:00am - 6:00pm PT or visit us on the web www.brmsclaims.com

Group: Anaheim Union High School Dist
Date: 6/19/2018

Please Note

ADDITIONAL INFORMATION MAY PRINT ON BACK

Claim #: 6543210

Patient: JANICE DOE

Provider: DOES JOHN

Reference: 9057AP01234567

Insured: JANE DOE

Dates of Service	Procedure Code	Charge	Discount Amount	Not Allowed	Allowed	Deductible	Co-pay	Coinsurance	Paid	Comment
04/23-04/23/2018	99215	\$185.00	\$0.00	\$0.00	\$185.00	\$0.00	\$0.00	\$74.00	\$111.00	
04/23-04/23/2018	81005	\$10.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$4.00	\$6.00	
04/23-04/23/2018	81003	\$15.00	\$0.00	\$10.37	\$4.63	\$0.00	\$0.00	\$1.85	\$2.78	91
04/23-04/23/2018	82340	\$10.00	\$0.00	\$0.00	\$10.00	\$0.00	\$0.00	\$4.00	\$6.00	
Column Totals		\$220.00	\$0.00	\$10.37	\$209.63	\$0.00	\$0.00	\$83.85	\$125.78	
Patient's Responsibility:		\$94.22		Other Credits or Adjustments				\$0.00		
				Total Net Payment				\$125.78		

Payment Details

Paid To	Check Number	Check Date	Amount
JANE DOE	10888	06/19/18	\$125.78

Comments

91 Charges exceeded the usual, customary, and reasonable allowable

Benefit Status for 2018

The Medical Deductible of \$275.00 has been met
\$275.00 of the \$1,100.00 Family Medical Deductible has been accumulated
\$478.14 of the \$1,475.00 Medical Out of Pocket Maximum has been accumulated

Appeal Information

Your claims were processed under the specific terms of your coverage and based on all the information submitted with your claims. After first reviewing your coverage provisions, if you have a question or objection to the amount paid, you should call or write us within 180 days after receiving this explanation. Your questions about this explanation of your appeal rights should be directed in writing to the address above.

Tip: Instead of keeping hard copies of your EOBs, you can access EOBs and other benefits information at:
vbas.com/anaheim.

REMINDER: An EOB is not a bill. It is an explanation of the service(s) you received and the associated costs.