

What Is an EOB and How Do You Decode It?

An Explanation of Benefits (EOB) is the insurer's receipt-plus-scorecard. It shows what your doctor charged, what the plan paid, and what you may still owe. Review every EOB before paying a bill to catch pricing errors and missing discounts.

Translation: Your EOB is not a bill—it's the play-by-play of each claim. Match it to the provider invoice first, then pay only the amount both documents agree on.

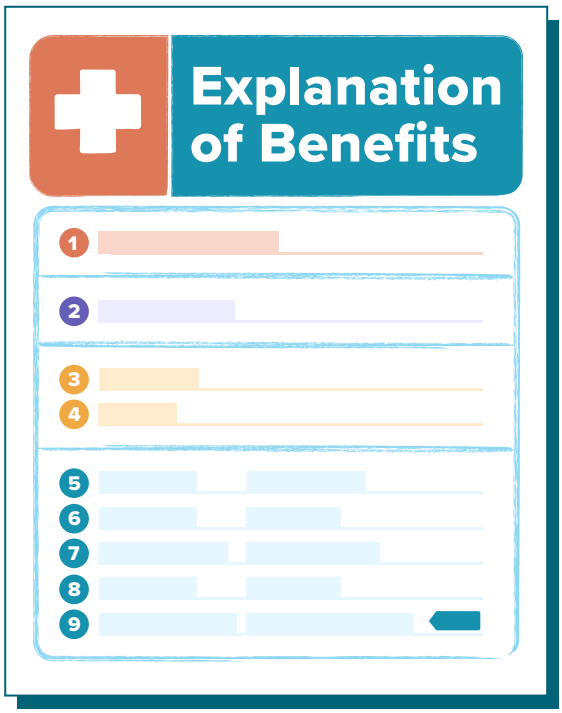
EOB Basics

Who sends an EOB?
Your health insurer—never the doctor or hospital—mails or posts an Explanation of Benefits after it processes a claim. It lists what was billed, what the plan paid, and what you might still owe, so you can catch errors before paying.

When do you get it?
Most EOBs arrive 5 to 30 days after a visit or prescription fill, depending on how fast the provider submits the claim and the insurer adjudicates it. Expect longer lags for out-of-network or complex services.

What should you compare it to?
Always match the EOB to the provider's bill: verify the dates of service, CPT codes, network discount, and "your responsibility" column. Both documents should agree before you send payment or begin an appeal.

Anatomy of an EOB



1. Statement Date & Claim Number
2. Patient & Member ID
3. Service Details
4. Provider Info
5. **Billed Amount** — **$1,235.00**
6. Plan Discount — -$235.00
7. **Allowed Amount** — **$1,000.00**
8. Plan Paid — -$800.00
9. **Your Responsibility** — **$200.00**

double-check this!

(Layout varies by carrier, but the math is universal.)

Label	What It Means	Quick Check	Action If Off-Track
1. Statement Date	When the EOB was generated	Matches service date window	Call plan if months late
2. Member ID	Confirms it's your claim	Name & ID match	Wrong ID? Request re-post
3. Service Codes	CPT codes & dates	Match appointment	Ask for itemized bill if vague
4. Billed Amount	Provider's sticker price	—	Question surprises > $500
5. Plan Discount	In-network write-off	Non-zero for in-network	Flag if $0
6. Plan Paid	What insurer paid	Follows policy rules	Appeal if under-paid
7. Your Responsibility	Deductible + copay + coinsurance	Equals plan summary	Call plan if they don't match

3-Minute EOB Checklist

☐	1. Dates & provider correct
☐	2. CPT codes match appointment
☐	3. Network discount applied
☐	4. Deductible math aligns with year-to-date tally
☐	5. “Your Responsibility” mirrors the provider’s bill
☐	6. Save a PDF/print for tax & appeal files

EOB FAQ: Quick Skim

- **Why does it say “This is NOT a bill” yet I got one?**
  The EOB confirms what the plan will pay. The provider invoice—usually a week later—shows your final share. Compare both before paying.
- **Plan discount is blank—what gives?**
  If the provider was in-network, call member services with the claim number and request a re-price. If out-of-network, the $0 discount is expected.
- **Plan paid $0—am I stuck?**
  Wait for the provider’s bill; some claims post in stages. Still $0? Call the insurer, then file an appeal within 180 days if coverage rules weren’t applied.
- **What’s a CPT code and why should I care?**
  A CPT is a 5-digit service code. One wrong digit can deny a claim. Find it in the Service Details column and on your itemized bill.

EOB FAQ: Deep Dive

Why does it say “This is NOT a bill” yet I got one?

Your EOB is the insurance scorecard—it confirms what the plan will pay and what you might owe. The actual provider invoice usually drops a week or two later. Before you pay anything, refer to the Three-Minute EOB Checklist.

Plan discount is blank—what gives?

First, confirm whether the provider was in-network—check your plan’s online directory, call the office, or look for an “INN” label on the EOB.

- If they were in-network and the discount line still shows $0, call member services with the claim number and request a network discount review. Ask the rep to have the claim re-priced or escalated to reconsideration.
- If they were out-of-network, the missing discount is expected and you’ll owe your plan’s out-of-network share. Ask the provider if they have an in-network location or tax ID for future visits, or explore your plan’s out-of-network benefits before paying.

Plan paid $0—am I stuck?

Not necessarily. First, wait for your provider’s bill—sometimes the EOB posts before the claim fully processes, and the bill will show whether the plan actually paid anything. If the provider invoice still lists your insurer’s share as $0 on a service that should be covered, call member services to confirm claim status. Still no resolution? File a formal appeal within 180 days and include both the EOB and the provider bill as proof.

What’s a CPT code?

A Current Procedural Terminology (CPT) code is a 5-digit number that tells your insurer exactly what service or procedure was performed—think of it as the medical world’s SKU. Insurers use CPT codes to price claims and decide if a service is covered.

- **Matching is critical:** if the wrong CPT code is submitted (or a digit is transposed), your claim can be denied or mis-priced.
- **Where to find it:** the code lives in the Service Details column (line 3) on your EOB and on the itemized bill from your provider.
- **Why you care:** knowing the CPT code helps when you appeal, confirm coverage, or compare costs across providers.

Don’t recognize a code? Google “CPT #####” or call your provider’s billing office for a plain-English description before you pay.

Need Extra Help?

- **Member Services**: Call the number on your plan's member ID card for claim-status specifics.

Bookmark this cheat-sheet now—or print it and put it on the fridge—so the next time an EOB shows up, you'll breeze through it faster than you can say, "Wait, where are my readers?"

Your Three-Minute EOB Sanity Saver

Check every EOB against your bill: dates, codes, plan discount, and "what you owe." Flag errors, call the insurer, and appeal if needed. Three minutes now can save big money—and headaches—later.

Check out Medicare University at MyALEXHealth.com for more jargon-free resources.

Visit MyALEXHealth.com >

We work with multiple Medicare plan carriers including:

Aetna Inc. • Devoted Health, Inc. • Humana Inc. • Mutual of Omaha Insurance Company

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Enrollment in a plan may be limited to certain times of the year unless you qualify for a Special Enrollment Period or are in your Medicare Initial Enrollment Period.

Medicare Advantage and Part D plans are insured by a Medicare Advantage HMO, PPO and PFFS organization with a Medicare contract and/or a Medicare-approved Part D sponsor. Enrollment depends on the plan's contract renewal with Medicare.

We do not offer every plan available in your area. Currently we represent 4 organizations which offer 1,056 products in your area. Please contact *Medicare.gov* or 1-800-MEDICARE to get information on all your options.

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