

HOW TO READ YOUR TCC EXPLANATION OF BENEFITS (EOB)

INSURED GROUP NAME

TCC

1 → PO Box 22557

Charleston, SC 29413

Electronic Service Requested



2 → Questions? Please call 1-800-815-3314

8063 0.6871 AT 0.371

3-DIGIT 290



30

4 → JOHN DOE

21 BENTWOOD DR

CHARLESTON, SC 29413

3 → Enrollee: DOE JOHN

Patient: JANE DOE

Member ID: 10001234567

Group: GROUP NAME

Group #: 123

Location #: 1

Claim #: 012345678-90

Patient #: 012/345678

Paid Date: 11/20/2012

5 → Explanation of Benefits for Services Provided By:

JAMES A. SMITH, MD

Line #	Dates of Service	Total Charge	Other Ins Paid	Ineligible	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
01	10/30-10/30/2012	20.00	0.00	0.00	BC	15.00	5.00	0.00	0.00	5.00	100%	5.00
02	10/31-10/31/2012	20.00	0.00	0.00	BC	15.00	5.00	0.00	0.00	5.00	100%	5.00
TOTALS		40.00	0.00	0.00		30.00	10.00	0.00	0.00	10.00		10.00
											Total Net Payment	10.00
											Patient Responsibility	0.00

20 → Payment To: JAMES A. SMITH, MD
Check No. 0045678
Amount 10.00

Reason Code Description

21 → BC BC/BS DISCOUNT: NOT PATIENT LIABILITY

22 → Messages

PREFERRED PROVIDER CONTRACT PAYMENT

*** IF YOU NEED INFORMATION REGARDING THE SPECIFIC TREATMENT AND/OR DIAGNOSIS CODES FILED ON THE CLAIM(S) IN THIS NOTICE, PLEASE CALL THE CUSTOMER SERVICE NUMBER SHOWN ON THE FIRST PAGE OF THIS NOTICE.

*** If additional information is being submitted, please forward to; TCC PO Box 22557 Charleston, SC 29413

- Group / Employer name & our billing address.
- Phone number to reach customer service.
- Insured employee and patient information as well as the date the Explanation of Benefits was issued.
- Name & address of the insured employee.
- Explanation of Benefits for Services Provided By: Name of the provider of service.
- Line Number
- Dates of Service: Date(s) the service / procedure / visit took place.
- Total Charge: Total charge(s) submitted for service(s).
- Other Plan Paid: Amount paid by other insurance if patient has other coverage.
- Ineligible: Any amount excluded from total charges as ineligible for consideration.
- Reason Code: Internal code which refers to Ineligible and/ or Discount amounts. ***See below for explanation.
- Discount Amount: Any amount excluded from total charges as a discounted amount due to provider contracts etc.
- Covered By Plan: Amount to be considered for processing of claim after any exclusions and / or discounts.
- Deductible Amount: Amount applied to deductible if your plan has a deductible to be satisfied. If the deductible has already been satisfied, this amount will be \$0.00.
- Co-Pay Amount: Amount of co-payment required of the patient if your plan has a co-pay for services.
- Balance: Amount remaining considered after any deductible and/ or co-payment has been applied.
- Paid At: Percentage of the Balance at which the plan paid according to plan guidelines.
- Payment Amount: Amount paid by the insurance plan.
- Patient Responsibility: Amount due to the provider from the patient after any reduction by the plan paid amount.
- Payment To: Whom payment was sent to, check number & check amount.
- ***Reason Code Description: Description of any reduction(s) by any Ineligible and / or Discount amount referred to by the Reason Code.
- Messages: Message board for additional explanations, information, etc.