

SAMPLE EXPLANATION OF BENEFITS (EOB)



Group Insurance Service Center, Inc.
PO Box 9120
Marshfield, MA 02050

Questions? Please Contact Customer Service at
(800) 242-4472 or (781) 829-8595

Phone numbers for Group Insurance Service Center

Forwarding Service Requested

Mary Smith
123 Main Street
Marshfield, MA 02050

Employee's name and address

Your Employer's name

Enrollee: MARY SMITH
Patient: DOUGLAS SMITH
Soc Sec #: 111-22-3333
Group: **THE CITY OF BURLINGTON**
Group #: 07266
Claim #: 40055555-01
Patient #: SMITH-02
Date: 11/04/14
Dependent Code: 1
Administrator: RB

This section provides basic employee and patient information

Name of the Provider

*This is NOT a Bill
Keep This Statement For Tax Purposes*

Explanation of Benefits for Services Provided by: TOTAL PHYSICIANS

Dates of Service	Service Code	Total Charge	Ineligible	Reason Code	Discount Amount	Covered by Plan	Deductible Amount	Co-Pay Amount	Balance	Paid At	Payment Amount
09/21-09/21/2014	MS	175.00	0.00	AH	22.75	152.25	100.00	10.00	42.25	100%	42.25
TOTALS		175.00	0.00		22.75	152.25	100.00	10.00	42.25		42.25
										Other Credits or Adjustments	0.00
										Total Net Payment	42.25
										Patient Responsibility	110.00

Date you went to see the provider

Discount provided through the PPO used by your Plan. You are not required to pay this amount.

Amount you owe towards your deductible

Amount you owe for your co-pay

Other Credits or Adjustments
Total Net Payment
Patient Responsibility

Amount the Plan paid to the provider

The Total Amount you owe the provider for your co-pay, co-insurance, and/or deductible

Payment To: TOTAL PHYSICIANS Check No. 00011111 Amount 42.25

This is payment information

Service Code

MS MEDICAL SERVICE

Reason Code Description

AH SAVINGS REPRESENTS DISC AGREEMENT WITH PROVIDER
A2 THE PATIENT IS NOT REQUIRED TO PAY THIS AMOUNT.

Messages

*** PLEASE REFER TO SUMMARY PLAN DESCRIPTION FOR APPEAL PROCEDURES AND STATEMENT OF ERISA RIGHTS.

This line refers you to your Plan booklet where you can find additional information about your benefits.

This section will describe the reason any amounts were not covered or discounted amounts.

PLEASE CONTACT GISC IF YOU IDENTIFY ANY DISCREPANCY IN THE TREATMENT OR SERVICES LISTED ON YOUR EOB !

IF YOU HAVE A QUESTION

For your convenience there are toll free numbers, listed below, to call GISC with a claim and/or benefit question. These numbers are also shown on your identification card. Group Insurance Service Center's Customer Service Representatives are available Monday-Friday, between the hours of 8:45 a.m. and 5:00 p.m. eastern standard time. A Customer Service Representative will handle your call in a timely manner and respond to your questions or concerns. To assist us in providing you with efficient service, please have the following information available:

EMPLOYEE NAME



SUBSCRIBER ID NUMBER



GROUP / EMPLOYER NAME



CLAIMANT NAME



CLAIMANT'S RELATIONSHIP TO EMPLOYEE



TYPE OF CLAIM {MEDICAL, DENTAL, ETC.}



DATE(S) OF SERVICE



AMOUNT CHARGED



PHYSICIAN OR HOSPITAL NAME

GISC will resolve your concerns and answer your questions at the time of the call whenever possible. However, should there be a need for additional information or if further review is required, the Customer Service Representative will respond usually within 48 hours. Should you be unable to call during normal business hours, GISC provides a 24-hour message center for your convenience or you can e-mail your question to info@giscinc.com

YOUR TOLL FREE NUMBERS FOR GISC ARE:

800-242-3834 {NEW ENGLAND AREA}

800-242-4472 {NATIONWIDE}

GROUP INSURANCE SERVICE CENTER, INC.

P.O. BOX 9120 • MARSHFIELD, MA 02050 • 781-829-8595