



EXPLANATION OF BENEFITS

An EOB is a statement showing how claims were processed. This is not a bill. Your provider(s) may bill you directly for any amount you may owe. **KEEP FOR YOUR RECORDS.**

JOHN EMPLOYEE
123 MAIN STREET
YOUR CITY, STATE 12345



Log In to Blue Access for MembersSM at bcbstx.com to see plan and claim details or to contact us through our secure Message Center.



Have questions about this EOB? Customer Service Advocates are here to help! **1-877-262-7977**

TOTAL OF CLAIMS (2)

Amount Billed	\$487.00
Discounts, reductions and payments	-\$487.00
You may have to pay your provider	\$0.00

SUBSCRIBER INFORMATION COMMERCIAL METALS COMPANY

Member ID# CQJ987654321 Group # 009123

SERVICE DETAIL - CLAIM (1 of 2)

PATIENT: JOHN EMPLOYEE PROVIDER: BRAZOSPORT REGIONAL PHYSICIAN SVC CLAIM #: 7088505L2980X
SERVICE DATE: 03/22/2017 Processed: 03/29/2017

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinsurance	Amount not covered
Physical History	258.00	(1) 99.69	158.31			
Performance Measures	0.00					
CLAIM TOTALS	\$258.00	\$99.69	\$158.31	\$0.00	\$0.00	\$0.00

*Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
Total covered benefits approved for this claim: \$158.31 to BRAZOSPORT REGIONAL PHYSICIAN SVC on 03-29-17.

SUMMARY (1 of 2)

PLAN PROVISIONS	
Amount covered (allowed)*	\$158.31
Deductible and copay amount	\$0.00
Coinsurance	\$0.00
Total	\$158.31

YOUR RESPONSIBILITY	
Deductible and copay amount	\$0.00
Coinsurance	\$0.00
Amount not covered	\$0.00
You may have to pay your provider	\$0.00

Fraud Hotline at 800-543-0867
Health care fraud affects health care costs for all of us. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Texas, please call our toll-free hotline. All calls are confidential and may be made anonymously. For more information about health care fraud, please go to bcbstx.com.

SERVICE DETAIL - CLAIM (2 of 2)

PATIENT: JOHN EMPLOYEE PROVIDER: BRAZOSPORT REGIONAL PHYSICIAN SVC CLAIM #: 7088506L3640X
SERVICE DATE: 03/22/2017 Processed: 03/29/2017

Service Description	Amount billed	PLAN PROVISIONS		YOUR RESPONSIBILITY		
		Discounts and reductions	Amount covered (allowed)*	Deductible and copay amount	Coinsurance	Amount not covered
Physical History	229.00	(1) 81.79	147.21			
Performance Measures	0.00					
CLAIM TOTALS	\$229.00	\$81.79	\$147.21	\$0.00	\$0.00	\$0.00

*Amount covered (allowed) reflects the savings we've negotiated with your provider for this service. Your deductible, coinsurance and copay are based on the allowed amount. Your share of coinsurance is a percentage of the allowed amount after the deductible is met.
(1) The amount billed is greater than the amount allowed for this service. Based on our agreement with this provider, you will not be billed the difference.
Total covered benefits approved for this claim: \$147.21 to BRAZOSPORT REGIONAL PHYSICIAN SVC on 03-29-17.