

# How to Read Your Explanation of Benefits (EOB) Statement

blue  of california

Keenan  
PO Box 2744  
Torrance CA 90509-2744

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## Forwarding Service Requested

## Prime Healthcare Health Plan Explanation of Benefits

RETAIN FOR TAX PURPOSES

**THIS IS NOT A BILL**

- 1 → EMPLOYEE OR PROVIDER NAME  
ADDRESS  
CITY, STATE ZIP



**Go Green**  
Receive EOB's Via Email  
Sign up at [www.keenan.com/benefits](http://www.keenan.com/benefits)

### Customer Service

If you have questions regarding this statement, please write to:  
Employee Benefits TPA  
PO Box 2744  
Torrance, CA 90509-2744

Or call us at: ← 2  
Or visit us at: [www.keenan.com/benefits](http://www.keenan.com/benefits)

Statement Date: ← 3  
Subscriber: ← 4  
Group: ← 5

Patient: ← 6  
Claim #: ← 7

Provider: ← 8  
Patient #: ← 9

Dates of Service	Type of Service	Billed Amount	Ineligible Amount	Contract Discount	Allowed Amount	Copay	Remark Code	Deductible	Coinsurance	Patient's Responsibility	Payment
← 10	← 11	← 12	← 13	← 14	← 15	← 16	← 17	← 18	← 19	← 20	← 21
Totals:											
											COB Credits and Adjustments ← 22
											Patient Responsibility ← 23
											Payment ← 24

### Type of Service & Remark Code Description

← 25 ← 26

### Comments

← 27

### Deductible & Out of Pocket Status

← 28

### Additional Information

← 29

SPANISH (Español): Para obtener asistencia en Español, llame al (800) 927-4357.  
TAGALOG (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa (800) 927-4357.  
CHINESE (中文): 如果需要中文的帮助, 请拨打这个号码 (800) 927-4357.  
NAVAJO (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' (800) 927-4357.

## Marketing

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### IMPORTANT INFORMATION REGARDING YOUR BENEFIT PLAN

Maximize benefits and lower out of pocket cost by using the Prime Healthcare Network of Hospitals and Physicians.

For Specialist care and services (inpatient, outpatient, labs, imaging, surgeries) a prior authorization is required before services are rendered. Your Primary Care Physician (PCP) and the Prime Healthcare Utilization Review (UR) Department will coordinate in retrieving the authorization for required services.

Visit the Prime Healthcare website to obtain a list of Services by Specialty that does not need authorization @ <https://www.primehealthcare.com/EHP>. Referral Forms and where to locate Tier 1 Providers are also located @ <https://www.primehealthcare.com/EHP>.

Your Provider can fax UR Referrals to 909-235-4414 or contact Prime Healthcare Customer Service at 877 -234-5227 for assistance regarding the referral or Authorization process.

Blue Shield of California, an independent member of the Blue Shield Association, provides administrative services only and does not assume any financial risk or obligation with respect to claims.

Payment from Keenan & Associates on behalf of Blue Shield of California.

# How to Read Your EOB Statement (continued)

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## GLOSSARY

1. Employee or provider's name and address
  2. Customer Service contact information
  3. Date of this notice
  4. Subscriber (Employee's) name
  5. Group name
  6. Patient's name
  7. Claim number
  8. Name of the provider who provided services
  9. Patient account number at provider's office
  10. Dates of service
  11. Code for the type of service; described in box 25 & 26
  12. Charges from the provider
  13. Amounts not covered by the plan
  14. Contract discount shows savings reduced from provider contract
  15. The amount covered by your Health Plan
  16. Copay amounts separate from deductibles and coinsurance; member's responsibility
  17. Remark Code described in box 25 & 26
  18. Deductible amounts applied separate from copays and coinsurance; member's responsibility
  19. Coinsurance amounts separate from copays and deductibles; percentage of member's responsibility
  20. Patient responsibility is the amount you need to pay the provider
  21. Payment is the amount paid by the plan to your provider
  22. COB Credits and Adjustments show what amounts were subtracted from the plan's regular benefit based on coordination with other insurance benefits
  23. Total patient responsibility is the total amount you need to pay the provider
  24. Payment is the total amount paid by the plan to your provider
  25. Type of service is description for the code in box 11
  26. Remark code description is the detailed description for the code in box 17
  27. Comments may contain notes pertinent to the claim status
  28. Deductible & Out of Pocket Status at the time the claim was processed, broken out by benefit tier
  29. Language Assistance Contact Numbers
  30. Important Plan Information
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