

Health Care Bills: Explanation of Benefits

After you receive medical care, your health insurer will send you information about your claim in an Explanation of Benefits or EOB. The EOB is not a bill. It's the insurer's explanation of how the costs of services are shared between you and the insurer.

What does an EOB tell me?

An EOB tells how much each provider charged, how much the health insurer paid, and how much you owe each provider. Be sure to compare the "owed" amounts on the EOB with amounts on bills from your providers and what you've already paid.

- < . There also may be billing codes. (See companion guide Health Care Bills: Codes and Claims.) If those aren't on the EOB, there should be notes about how to get the codes if you need or want them.
- < . This will name the person (doctor, nurse practitioner, psychologist, physical therapist) or facility (laboratory, hospital) that provided the service.
- < .
- < . This is the amount the insurer will pay the provider for the health care you received. The allowed amount is negotiated between the provider and the insurer.
- < .
- < . This may include money you paid during your visit.
- < . The insurer may use codes to explain denial reasons and notes. You should see an explanation of the codes on the EOB.

How else is an EOB helpful?

An EOB is an important tool to help you track how much you've spent out-of-pocket for covered health care costs. That helps you know how far along you are in meeting your deductible and out-of-pocket maximum.