

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

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## Forwarding Service Requested

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

## Explanation of Benefits

RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

### Customer Service

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

Or call us at:

Or visit us at: [tpabenefits.keenan.com](http://tpabenefits.keenan.com)

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	
<b>Totals:</b>												
											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, kwijijigo holne' (800) 927-4357.

# 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. Patient responsibility is the 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 the 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
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