

Wellfleet Group, LLC 2077 Roosevelt Avenue Springfield MA 01104

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## **Explanation of Benefits**

THIS IS NOT A BILL RETAIN FOR TAX PURPOSES

### **Forwarding Service Requested**

# **GUIDE TO UNDERSTANDING** THE EXPLANATION **OF BENEFITS**

Customer Care Information				
Questions? Please contact our Customer Service Department at Phone 1-###.#################################				
Group Name:	1			
Group #:	2			
Member:	3			
Member ID:	4			
Date:	5			

Claim #: Patient:	6 7		Pa	Provider: atient DOB:	8 9	Patient A	Act #: 10					
Dates of Service	⊣roc. Code	Total Charge	Discount Amount	Ineligible Amount	COB Amount	Reason Code	Covered By Plan	Co-Pay Amount	Deductible Amount	Remaining Balance		Plan Payment Amount
11	12	13	14	15	16	17	18	19	20	21	22	23
Patient's	Column Totals									Total Net Pa	yment	26

**SERVICES** 

**27** 

Description Code

**28** 

R	E	М	Α	R	Κ	S
-			-			

Code Description

29 **30** 

PAYMENTS		
Payment To	Check #	Amount
21	22	22

### APPEALS INFORMATION

{Appropriate plan language inserted here} 34

# Explanation  Group Name – displays the group name  Group # - displays the group number assigned by Wellfleet  Member ID – displays the mame of the primary member  Member ID – displays the mame of the primary member  Date – displays the date the Explanation of Benefits (EOB) was issued  Claim # - displays the unique claim number assigned by Wellfleet for this claim  Patient – displays the unique claim number assigned by Wellfleet for this claim  Patient – displays the name of the patient who received services  Provider – displays the patient's date of birth  Patient AC # - displays the patient account number from the provider or facility who billed for service(s)  Patient AC # - displays the patient account number from the provider or facility who billed for service(s)  Dates of Service – displays the date(s) services were rendered  Proc Code – displays the patient account number from the provider or facility who billed for service(s)  Discount Amount – displays the amount the provider charged for the service(s)  Discount Amount – displays the amount excluded or not covered by the plan  COB Amount – displays the amount excluded or not covered by the plan  COB Amount – displays the reason code for any discount or ineligible amounts  Covered By Plan – displays the amount covered after any discounts and ineligible amounts  Covered By Plan – displays the patient co-pay amount applied to this claim  Deductible Amount – displays the patient co-pay amount applied to this claim  Remaining Balance – displays the patient deductible amount applied to this claim  Patient's Responsibility – displays the amount that has been paid by the plan  Column Totals – displays the totals for each column  Patient's Responsibility – displays the amount that has been paid by the plan  Patient's Responsibility – displays the amount that has been paid by the plan  Patient's Responsibility – displays the amount that has been paid by the plan  Patient's Responsibility – displays the manount of the service(s) billed  Services Description – d	Key for the Ex	xplanation of Benefits
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30 this description will advise of additional information that is needed to process your claim 31 Payment To – displays who the payment was made to	29	· · · · · · · · · · · · · · · · · · ·
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	31	
52   Check # - displays the check humber for the payment	32	Check # - displays the check number for the payment
33 Amount – displays the amount paid for this claim	33	Amount – displays the amount paid for this claim
34 Appeals Information – displays the plans appeal language	34	Appeals Information – displays the plans appeal language

#### **Common Insurance Terms**

<u>Co-Insurance</u> – the percentage of your medical expenses for which you are responsible after any applicable Co-Pays or Deductible has been satisfied.

<u>Co-Pay</u> – a payment which you make upfront each time you receive certain medical services. When you visit your health care provider, you pay the copayment to the provider, and the plan considers coverage of the remaining expenses, subject to any applicable Deductible or Co-Insurance.

<u>Deductible</u> – the amount you must pay annually towards certain categories of medical expenses before insurance benefits begin.

Explanation of Benefits (EOB) – a document from the Claims Administrator, showing what the plan has covered, what discounts have been applied, and what your remaining financial responsibility (if any) is. THIS IS NOT A BILL, so do not send any balance due to Wellfleet. The provider will receive a separate notification and should send you a revised bill for any remaining amount due.

Out-of-pocket expenses – the combined total of any Deductible and Coinsurance costs for which you are responsible.

<u>In-Network Provider</u> – a provider who belongs to your plan's PPO Network(s) who has a special agreement to accept a discounted rate. This means that the treatment costs are lower for you when you utilize one of these "In-Network" providers.

<u>Out-of-Network Provider</u> – a provider which has no special agreement with a PPO Network. Because there is no agreement, treatment costs and your deductible and co-insurance are higher.