



CompBenefits
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 Chicago, IL 60680-8236

If you have any questions, please give us a call at
(800) 342-5209
 Or visit us at www.MyCompBenefits.com



Forwarding Service Requested

WHITE STOCK

TEST

Enrollee:
 Patient:
 ID #:
 Group #:
 Group #:
 Claim #:
 Date:



Member Address Information
 Member Address Information
 Member Address Information

A Guided Tour of Your Explanation of Benefits (EOB)

Explanation of Benefits for Services Provided By:
 Provider Name here

Dates of Service	Description	Procedure Code	Tooth/Quad	Total Charges	Ineligible Charges	Reason Code	Covered By Plan	Ded./Copay Amount	Balance	Paid At	Payment Amount
TOTAL											
										B	
										Other Carrier Paid	
										Total Net Payment	
										Patient Responsibility	
										Deductible Remaining	

Payment To: _____ Check No. _____ Amount _____

Reason Code Description _____

Messages _____



Employee and Employer Information

Section A indicates employer, employee and patient information.

- * Name of Enrollee (employee)
- * Indicates the patient's name
- * Indicates the patient's ID
- * Name of client (employer)
- * Client Number
- * Claim Number
- * Date claim processed
- * Provider of Service



Description of Service Provided and Amounts Payable by Your Plan.

Section B includes the information the provider supplied on the bill.

Date of Service: Date the service was rendered

Description: Description of service benefit being considered

Procedure code: Procedure code for service being considered

Tooth/Quad: Tooth/Quad being worked on

Total Charges: The actual amount being charged for the service rendered

Ineligible Amount: The amount of charge not covered (Example: Charged amount is over reasonable and customary (R&C)). The reason will appear in the Reason code/message description.

Reason code: Reason code and description. A message is given for the service being considered

Covered by Plan: The amount to be considered after any provider discount and not covered amount has been deducted

Deductible/Copay: The amount applied to the deductible and any co-pay being deducted

Balance: Amount payable by the plan after provider discounts, total patient costs (copays and deductibles) amounts have been applied

Paid at: The percentage rate at which the benefit amount will be calculated

Payment Amount: Gross Payment amount

Other Ins. Amount: Other insurance paid amount

Net Payment: Amount paid by the plan after provider discounts, total patient costs (coinsurance, copays, and deductibles) and COB amounts have been applied

Patient Responsibility: The portion of the covered amount that is the patient's responsibility

Deductible Remaining: Deductible remaining

VOID