

Explanation of Benefits (EOBs)

When a claim is filed under your health plan, you will receive an explanation of benefits (EOB) from Aspirus Health Plan. An EOB is not a bill. The EOB shows the amounts paid by Aspirus Health Plan on your behalf and shows any financial responsibility you may have. EOBs contain a lot of detailed information. The sample below provides descriptions for each field so you can better read and understand this document.



Explanation of Benefits

THIS IS NOT A BILL

Printed Date: 7/28/2022

PO Box 1062
 Minneapolis, MN 55440
 Customer Service
 1-866-631-5404
 Receive your EOBs online
 Visit AspirusHealthPlan.com

JOHN R SMITH
 6105 GOLDEN HILLS DRIVE
 GOLDEN VALLEY MN 55416

Subscriber Smith, John R		Patient Smith, Jane M		Patient ID 80999999901		Group Aspirus Sample Employer Group			Group/Policy ASP12345		
Claim Number 01010100AA00		Dates of Service 06/22/2022 - 06/22/2022		Patient Control Number AAA-BBB-012345			Reference Number / Payee / Paid Date D123452021032412000330 / Provider / 07/06/2022				
Provider: Wisconsin Physician Services 123 Main St WI 54444											
					5 Member Responsibility						
1 Dates of Service	2 Description	3 Charges	4 Provider Respons. Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Co-insurance Amount	Patient Non-Cov Amount	6 Paid Amount	7 Amount You Owe	Notes ID
06/22/2022	Practitioner Visit Outpatient	393.00	121.67	271.32	3.00	0.00	40.25	0.00	228.08	43.25	PFS
06/22/2022	Raidology Services	248.00	116.84	131.16	0.00	0.00	19.67	0.00	111.49	19.67	PFS
Totals		641.00	238.51	402.49	3.00	0.00	59.92	0.00	339.57	62.92	

Total Charges	641.00
Total Benefit Amount	339.57
Total Amount Paid By Other Insurance	0.00
Total Amount You Owe	62.92

8 **Notes**
 PFS This amount represents the provider discount.

1 **Dates of Service** – the date(s) you received services.

2 **Description** – the type of service or products you received from your provider.

3 **Charges** – the full amount billed by your provider to your health plan.

4 **Provider Responsibility Amount** – the amount discounted from your charges by using an Aspirus Health Plan in-network provider.

5 **Member Responsibility** – this section illustrates the charges you are responsible for, which includes your deductible, copay, coinsurance and non-covered amounts.

6 **Paid Amount** – this is the amount of eligible charges paid by your health plan.

7 **Amount You Owe** – this reflects the portion of the bill that was not covered. You will be invoiced by your provider for the amount you are responsible for.

8 **Notes ID** – when present, these notes provide information about the claim.

Questions?

Contact Customer Service at **1.866.631.5404**