


When a claim is filed under 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.

		<h2>Explanation of Benefits</h2>				Printed Date: 3/31/2021						
<p style="text-align: center;"><b>THIS IS NOT A BILL</b></p>												
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												
<b>Subscriber</b> Smith, John R			<b>Patient</b> Smith, Jane M			<b>Patient ID</b> 8099999901		<b>Group</b> Aspirus Sample Employer Group			<b>Group/Policy</b> ASP12345	
<b>Claim Number</b> 01010100AA00		<b>Dates of Service</b> 02/04/2021 - 02/04/2021		<b>Patient Control Number</b> AAA-BBB-012345		<b>Reference Number / Payee / Paid Date</b> D123452021032412000330 / Provider / 03/24/2021						
<b>Provider:</b> Wisconsin Physician Services 123 Main St WI 54444												
					<b>5 Member Responsibility</b>							
<b>1 Dates of Service</b>	<b>2 Description</b>	<b>3 Charges</b>	<b>4 Provider Respons. Amount</b>	<b>Allowed Amount</b>	<b>Deductible Amount</b>	<b>Co-pay Amount</b>	<b>Co-insurance Amount</b>	<b>Patient Non-Cov Amount</b>	<b>6 Paid Amount</b>	<b>7 Amount You Owe</b>	<b>Notes ID</b>	
02/04/2021	Practitioner Visit Outpatient	393.00	121.67	271.33	3.00	0.00	40.25	0.00	228.08	43.25	PFS	
02/04/2021	Radiology Services	248.00	116.84	131.16	0.00	0.00	19.67	0.00	111.49	19.67	PFS	
<b>Totals</b>		<b>641.00</b>	<b>238.51</b>	<b>402.49</b>	<b>3.00</b>	<b>0.00</b>	<b>59.92</b>	<b>0.00</b>	<b>339.57</b>	<b>62.92</b>		
										Total Charges 641.00		
										Total Benefit Amount 339.57		
										Total Amount Paid By Other Insurance 0.00		
										Total Amount You Owe 62.92		
<b>8 Notes</b> 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 a Aspirus Health 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**