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12345
#ABCDEFGH
Doe, Jane A
123 Main Street
Anytown, WI 54321

How to Read Your EXPLANATION OF BENEFITS (EOB)

- 1 Policyholder: Jane Doe
- 2 Group #: 12345
- 3 Patient: Jane A. Doe
- 4 Member #: 123456789-00
- 5 Claim #: 1234567891
- 6 Provider of Service: RAD ASSOC OF FOX VALLEY
- 7 Processed Date: 01/03/2008

8 Total Member Responsibility for this Claim
(see below for details)

This is not a bill. Please remit payment to your provider of service upon receipt of an invoice if you have not previously paid.

Important Information - Please Read

Please review this information carefully to make sure it accurately describes the services you received. If you receive a bill from your provider, compare it to this EOB to make sure the amount you are responsible for is correct. If you have any questions about the amount you owe, please contact Unity Customer Service at 1-800-362-3310. Save this document in case of a future question about your services or financial responsibility.

9 Service Code	10 Description of Service	11 Date of Service	12 Amount Billed	13 Amount Allowable	14 Copay/Coins	15 Deductible	16 Amount Not Covered	17 Remark Code	18 Amount Paid
73660	X-RAY EXAM OF TOE(S)	01/03/2008	\$37.00	\$0.00	\$0.00	\$35.15	\$1.85		\$0.00
TOTAL:			\$37.00	\$0.00	\$0.00	\$35.15	\$1.85		\$0.00

19 Accumulation Information

Benefit Accum Code	Benefit Accumulation Description
D100	\$924.84 OF YOUR \$2,500 INDIVIDUAL PARTICIPATING PROVIDER DEDUCTIBLE HAS BEEN MET

- 1. Policyholder – The individual who holds the insurance policy with Unity.
- 2. Group # – A unique identifier Unity assigns to your employer group.
- 3. Patient – The individual who received the billed services.
- 4. Member # – A unique identifier Unity assigns to you for coverage purposes.
- 5. Claim # – The number assigned to a claim submitted by the provider.
- 6. Provider of Service – The clinic or doctor who administered the services.
- 7. Processed Date – Date the provider was notified of payment status by Unity.
- 8. Total Member Responsibility for this Claim – The total amount you are responsible for paying for the provided service(s).
- 9. Service Code – The code associated to the service provided.
- 10. Description of Service – A description of the service that was provided.
- 11. Date of Service – The date(s) on which the service(s) was provided.
- 12. Amount Billed – The amount billed by the provider for each service.
- 13. Amount allowable – The amount covered by Unity based upon Unity's contract with a participating provider or the customary charges of all providers within a given geographic area for the same or similar service.
- 14. Copay/Coinsurance – A dollar amount (fixed or a percentage) for which you are responsible, as listed in your Schedule of Benefits.
- 15. Deductible – A fixed amount of money a member or family must pay before Unity will make a payment toward a covered service.
- 16. Amount Not Covered – The amount not covered by Unity for a particular service. You are responsible to pay for services excluded under your Unity Plan – See your Certificate of Coverage.
- 17. Remark Code – An explanation of any denial, reduction or any other reason for not providing full reimbursement for the amount claimed.
- 18. Amount paid – The amount Unity paid to the provider of service.
- 19. Accumulation Information – This section shows accumulated dollars toward benefit maximums, deductible or stoploss limits. – See your Schedule of Benefits.