

Learn about your explanation of benefits (EOB)



Member: JOHN Q. SMITH
Claim #: 21643287157

Provider: NICOLE R CABELLERO DC
Network: MODA SELECT

Paid 5/3/19

TYPE OF SERVICE – Procedure code Service date	Amount billed	Provider discount/ amount not covered	Amount covered	Medical plan paid	Reason code(s)	Member responsibility			
						Not covered	Deductible	Copay	Coinsurance
THERAPY - 98941 04/26/2019	\$79.58	\$35.88	\$43.70	\$23.70	PDC	\$0.00	\$0.00	\$20.00	\$0.00
THERAPY - 98943 04/26/2019	\$53.82	\$25.30	\$28.52	\$28.52	PDC	\$0.00	\$0.00	\$0.00	\$0.00
THERAPY - 9714059 04/26/2019	\$282.78	\$203.20	\$79.58	\$79.58	PDC	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$416.18	\$264.38	\$151.80	\$131.80		\$0.00	\$0.00	\$20.00	\$0.00

Medical plan paid to provider: \$131.80
Amount you owe: \$20.00

Reason code	Description
PDC	Provider discount has been applied.

An EOB shows how your plan has processed a claim for your recent care. It lists healthcare claims, what your plan paid and other important information.

Here's what you need to know:

- **Amount billed:** What your provider charged for a service
- **Provider discount and amount not covered:** This includes negotiated discounts and amounts not covered by your plan. Providers who are not in your plan's network may charge you.
- **Amount covered:** The amount that is left after provider discounts, deductibles and non-covered charges have been accounted for. Benefits are applied to this amount.
- **Medical plan paid:** How much Moda Health paid for this service
- **Reason code(s):** More information about costs that may not be covered under your plan
- **Member responsibility:** This is how much you may need to pay your provider
- **Not covered:** How much you may owe your provider for non-covered charges
- **Deductible:** What you pay for covered services before your plan starts to pay
- **Copay:** The fixed amount you pay for a covered service
- **Coinsurance:** A percentage of how much a covered service costs after you have paid your deductible

Questions?

Medical: For questions about your Moda Health coverage, please contact Medical Customer Service toll-free at 844-931-1779. TTY users, dial 711.

We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

Health plans provided by Moda Health Plan, Inc.