


Muestra de la Explicación de los Beneficios del Cuidado de la Salud (EDB)

Después de haber utilizado cualquier servicio para el cuidado de la salud, usted recibe una EDB por correo. Ésta describe cómo se pagaron las reclamaciones y su parte de los costos.



BlueCross BlueShield of Minnesota
An Independent Licensee of the Blue Cross and Blue Shield Association

Explanation of Health Care Benefits (EOB)

THIS IS NOT A BILL. This is an explanation of the claim we processed based on your plan benefits in effect when the service was performed. Please keep this form for your tax records.

Policy Holder

Address

City, State Zip

Please refer to your Summary Plan Description (SPD) for your Plan benefits.

Year to Date Deductible \$

For Customer Service – Please call Toll Free 866-455-8218

La identificación de su póliza

Fecha en que el plan local de Blue Cross and Blue Shield recibe la reclamación

Identification Number	Group Number	Group Name	Date Received	Date Processed	Claim Number
123456789	TMM-----	Target Corp.	03/01/02	03/03/02	1234567891000

WHO	Subscriber/Member	Policy Holder	Patient	Member who received services
	Provider	Name of Physician providing the service		
	Participating/In-Network	Yes = In-Network No = Out-of-Network		
WHEN	Date of Service	From	From	From
WHAT	Type of Care			
HOW MUCH	Total Charge	Claim Total		
	Provider Reduction			
	Medical Necessity Reduction			
	Maximum Allowed			
COMPUTATION	Amount Paid by Other Insurance			
	Your Deductible			
	Your Copay			
	Your Coinsurance			
	Other Deductions			
CLAIM STATUS	Plan Responsibility			
	Noncovered Services			
	Unless you have paid, you owe this balance:			
	To:			
	See Any Comments below:			

*Explanation of any reductions/denials will be printed here

Total Charge	
Other Insurance Paid	
Plan Responsibility	
Your Responsibility	

El paciente es responsable de pagar este importe

Ésta no es una factura. Todos los importes de los cuales usted sea responsable se deben pagar directamente a su proveedor.

