

This is a sample Explanation of Benefits. To read this, you need to follow the columns across the page.

**Column 1** = Date of Service – The date you saw the provider

**Column 2** = Procedure Code – This is the code the provider used to indicate what service was performed.

**Column 3** = Billed Amount – The amount the provider billed your insurance.

**Column 4** = Ineligible – This is the ineligible

**Column 5** = Reason Code – This is an internal code.

**Column 6** = Discount – This is the discount...provider cannot bill you for this

**Column 7** = Covered Amount – This is the amount that is covered by your insurance

**Column 8** = Deductible Amount – This is the amount applied to your deductible

**Column 9** = Co-Pay Amount – This is your co-pay amount

**Column 10** = Co-Insurance Amount – This is the amount applied to your coinsurance

**Column 11** = Balance – This is the balance left

**Column 12** = Paid at – This is the percentage the claim was paid at

**Column 13** = Payment Amount – This is the amount that was paid by your plan

**Patient's Responsibility should equal your bill from the provider.**

**IMPORTANT: WHEN REVIEWING YOUR BILL, MAKE SURE THE PATIENT'S RESPONSIBILITY AMOUNT MATCHES YOUR BILL. IF YOUR BILL DOES NOT MATCH THE EXPLANATION OF BENEFITS, PLEASE CONTACT OUR OFFICE AT 844-200-7422.**



Diversified Benefit Administrators  
2024 E. Pinetree Blvd., Suite D  
Thomasville GA 31792-5391

## Explanation of Benefits

RETAIN FOR TAX PURPOSES

**THIS IS NOT A BILL**

PLEASE REMIT PAYMENT TO PROVIDER

### Customer Service Information

For Questions please call Customer Service at  
1-844-200-7422(SGBA)  
or visit us on our website at [www.sgbainc.com](http://www.sgbainc.com)

Group Name: SAMPLE GROUP.  
Group#: GROUP NUMBER  
EOB #: 2102230061  
Prepared On: 02/19/2021

### Forwarding Service Requested

SAMPLE MEMBER  
1234 HILL STREET  
ANYWHERE, GA 31456

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Claim#: 202102190074

Provider: DR WHO, MD Patient

Patient: SAMPLE MEMBER

#: XXXXX067V8042

DOB: 01/01/1950

| Dates of Service                 | Proc. Code | Billed Amount     | Ineligible    | Reason Code | Discount        | Covered Amount  | Deductible Amount | Co-pay Amount  | Co-Insurance Amount | Balance         | Paid At                        | Payment Amount  |
|----------------------------------|------------|-------------------|---------------|-------------|-----------------|-----------------|-------------------|----------------|---------------------|-----------------|--------------------------------|-----------------|
| 02/03-02/03/2021                 | 9921325    | \$183.00          | \$0.00        | 1           | \$62.19         | \$120.81        | \$0.00            | \$40.00        | \$8.08              | \$80.81         | 90%                            | \$72.73         |
| 02/03-02/03/2021                 | 17003      | \$360.00          | \$0.00        | 1           | \$229.13        | \$130.87        | \$0.00            | \$0.00         | \$13.09             | \$130.87        | 90%                            | \$117.78        |
| 02/03-02/03/2021                 | 170059     | \$246.00          | \$0.00        | 1           | \$181.80        | \$64.20         | \$0.00            | \$0.00         | \$6.42              | \$64.20         | 90%                            | \$57.78         |
| 02/03-02/03/2021                 | 11102      | \$306.00          | \$0.00        | 1           | \$149.28        | \$156.72        | \$0.00            | \$0.00         | \$15.67             | \$156.72        | 90%                            | \$141.05        |
| <b>Column Totals</b>             |            | <b>\$1,095.00</b> | <b>\$0.00</b> |             | <b>\$622.40</b> | <b>\$472.60</b> | <b>\$0.00</b>     | <b>\$40.00</b> | <b>\$43.26</b>      | <b>\$432.60</b> |                                | <b>\$389.34</b> |
| <b>Patient's Responsibility:</b> |            |                   |               |             |                 |                 |                   |                |                     |                 | <b>\$83.26</b>                 |                 |
|                                  |            |                   |               |             |                 |                 |                   |                |                     |                 | <b>Other Insurance Credits</b> | <b>\$0.00</b>   |
|                                  |            |                   |               |             |                 |                 |                   |                |                     |                 | <b>Adjusted Payment</b>        | <b>\$389.34</b> |

### Reason Code Description

1 THIS IS A FIRST HEALTH PPO DISCOUNT. MEMBER NOT RESPONSIBLE.

### Plan Status

| Member Name    | Description    | Year | Satisfied  |
|----------------|----------------|------|------------|
| MEMBER ONE     | PPO DEDUCTIBLE | 2020 | \$900.00   |
| MEMBER ONE     | PPO OOP        | 2020 | \$2,500.00 |
| Family Totals: | PPO DEDUCTIBLE | 2020 | \$2,124.90 |
| Family Totals: | PPO OOP        | 2020 | \$6,056.21 |
| MEMBER ONE     | PPO DEDUCTIBLE | 2021 | \$0.00     |
| MEMBER ONE     | PPO OOP        | 2021 | \$83.26    |
| Family Totals: | PPO DEDUCTIBLE | 2021 | \$0.00     |
| Family Totals: | PPO OOP        | 2021 | \$237.61   |