## careSource

## Dayton, OH 45401-8730 **Return Service Requested**

John Doe, M.D. 100 State St. Dayton, OH 45458

P.O. Box 8730

**Explanation of Payment** (EOP) Sample

If you have any questions, please call

1-(800) 488-0134 or visit the Provider section of our Web site at www.caresource-ohio.com.

Name: John Doe, M.D.

ranic. John Doc, M.D	<i>,</i>	
Payee: 999999999		
Check No: 0060875566		
<b>Date:</b> 10/27/2007	D	]
<b>Amount:</b> 252.49	<i>_</i>	
	/ /	

	/							/		/ /
Service/	POS	No. of	Procedure	Tooth	Amount	Amount	COB	Net Amount	Explan	ation
Date /		Units	Code	Number	Billed	Allowed		Processed	Code	(s)
Account #:	12345			Member Nar	ne: Miller, N	Mark M.	<b>Prior Proc</b>	essed Amount 0.	.00	1
Claim #:	07296726	2400		<b>Member ID:</b>	1028556	66100	Provider:	Doe, John		1
10/11/2007	11	1	99213		65.00	36.07	0.00	36.07		
					65.00	36.07	0.00	36.07		

Account #: 23456 Member Name: Cane, Carol C. Prior Processed Amount						sed Amount 0.00		1		
<b>Claim #:</b> 0	072967286100 <b>Member ID:</b> 10285408200 <b>Provider:</b> Doe, John					į.	1			
10/05/2007	11	1	99213		65.00	36.07	0.00	36.07		
<u> </u>		·			65.00	36.07	0.00	36.07		

Account #: 3	4567			Member Nai	me: Cane, Ca	arol C. Pı	Prior Processed Amount		
Claim #: 072967286200				Member ID:	ember ID: 10285408200 Provider: Doe, John				
10/12/2007	11	1	99213		65.00	36.07	0.00	36.07	
	•	•	•		65.00	36.07	0.00	36.07	

Account #: 4	5678			Member Nar	ne: Cane, Da	avid D. Pı	Prior Processed Amount 0.00			
Claim #: 072967282400			Member ID:	<b>ID:</b> 10285408100 <b>Provider:</b> Doe, John						
10/12/2007 11 1 99213		99213		65.00	36.07	0.00	36.07			
	•				65.00	36.07	0.00	36.07		

Account #: 56789			Member Nai	ne: Johnson	, Ann Pi	<b>Prior Processed Amount</b> 0.00			
Claim #: 072967263500		Member ID:	1028560	)2000 <b>P</b> 1	Provider: Doe, John				
10/12/2007	11	1	99213		65.00	36.07	0.00	36.07	
					65.00	36.07	0.00	36.07	

Account #: 6	7891			Member Name: Ham, Suzie Prior Processed			sed Amount 0.00	)	
<b>Claim #:</b> 0'	7296726	3500		Member ID:	1028523	7400 <b>Pr</b>	Provider: Doe, John		
10/12/2007	11	1	99393		95.00	0.00	0.00	0.00	CB:
10/12/2007	11	1	90700		6.00	0.00	0.00	0.00	CB
10/12/2007	11	1	90707		6.00	0.00	0.00	0.00	CB
10/12/2007	11	1	90713	G	6.00	0.00	0.00	0.00	CB
10/12/2007	11	1	90716	/	6.00	0.00	0.00	0.00	CB
					119.00	0.00	0.00	0.00	

Account #: 7	8910			Member Nam	Member Name: Ham, Suzie Prior Processed Amount 0.00					
<b>Claim #:</b> 072966935200 <b>Member ID:</b> 10285237400 <b>Provider:</b> Doe, John										
10/12/2007	11	1	92015		20.00	0.00	0.00	0.00	CBI	
10/12/2007	11	1	99213		65.00	0.00	0.00	0.00	CBI	
					85.00	0.00	0.00	0.00		

Account #: 89101				Member Name: Kelly, Cheryl A.			Prior Processed Amount 0.00			
<b>Claim #:</b> 0	72967262	2600		Member ID:	1028558	10285589500 <b>Provider:</b> Doe, John				
10/12/2007 11 1 99213				65.00	36.07	0.00	36.07			
					65.00	36.07	0.00	36.07		

Account #: 91011				Member Nan	ne: Miller, S	Samantha B.	Prior Pr	ocessed Amount	0.00
<b>Claim #:</b> 0	7296724	7100		Member ID:	1028784	18800	Provider	: Doe, John	
10/09/2007	11	1	99213		65.00	36.07	0.00	36.07	
					65.00	36.07	0.00	36.07	

Amount	Amount	COB	Net Amount
Billed	Allowed		Processed
659.00	252.49	0.00	252.49



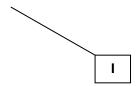
P.O. Box 8730 Dayton, OH 45401-8730

Payment Summary H

Description	Provider ID	Amount Billed	Amount Allowed	COB	Prior Processed Amount	Net Amount Processed
Doe, John	99999999999	659.00	252.49	0.00	0.00	252.49

## Messages

CBI COB information not received-check Web site for COB info on file Provider Center Web site: www.caresource-ohio.com



## **Explanation of Payment Notes**

- **A** The Account Number refers to the patient account number.
- **B** POS stands for Place of Service. Standard CMS location codes are used.
- C No. of Units refers to the quantity of a specific service rendered.
- **D** COB stands for Coordination of Benefits and indicates a third party payment.
- ${f E}$  Net Amount Processed indicates the dollar amount paid. Unpaid claims will contain a "0.00" in this column.
- **F** Explanation Codes: This column contains codes that describe the reason for how claims were processed or payment denial.
- **G** Amount Billed: Total billed charges for individual claim; also a subtotal of billed charges for all claims listed on the EOP.
- **H** The Payment Summary includes totals grouped together by provider.
- **I** Messages: These descriptions define the meaning of each explanation code used in the Explanation of Payment (EOP).