



P.O. Box 8730
Dayton, OH 45401-8730
Return Service Requested

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

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.
Payee: 999999999
Check No: 0060875566
Date: 10/27/2007
Amount: 252.49

A

B

C

D

E

F

Service Date	POS	No. of Units	Procedure Code	Tooth Number	Amount Billed	Amount Allowed	COB	Net Amount Processed	Explanation Code(s)
Account #: 12345 Claim #: 072967262400					Member Name: Miller, Mark M. Member ID: 10285566100			Prior Processed Amount 0.00 Provider: Doe, John	
10/11/2007	11	1	99213		65.00	36.07	0.00	36.07	
					65.00	36.07	0.00	36.07	
Account #: 23456 Claim #: 072967286100					Member Name: Cane, Carol C. Member ID: 10285408200			Prior Processed Amount 0.00 Provider: Doe, John	
10/05/2007	11	1	99213		65.00	36.07	0.00	36.07	
					65.00	36.07	0.00	36.07	
Account #: 34567 Claim #: 072967286200					Member Name: Cane, Carol C. Member ID: 10285408200			Prior Processed Amount 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 #: 45678 Claim #: 072967282400					Member Name: Cane, David D. Member ID: 10285408100			Prior Processed Amount 0.00 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 #: 56789 Claim #: 072967263500					Member Name: Johnson, Ann Member ID: 10285602000			Prior Processed Amount 0.00 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 #: 67891 Claim #: 072967263500					Member Name: Ham, Suzie Member ID: 10285237400			Prior Processed Amount 0.00 Provider: Doe, John	
10/12/2007	11	1	99393	G	95.00	0.00	0.00	0.00	CBI
10/12/2007	11	1	90700		6.00	0.00	0.00	0.00	CBI
10/12/2007	11	1	90707		6.00	0.00	0.00	0.00	CBI
10/12/2007	11	1	90713		6.00	0.00	0.00	0.00	CBI
10/12/2007	11	1	90716		6.00	0.00	0.00	0.00	CBI
					119.00	0.00	0.00	0.00	
Account #: 78910 Claim #: 072966935200					Member Name: Ham, Suzie Member ID: 10285237400			Prior Processed Amount 0.00 Provider: 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 Claim #: 072967262600					Member Name: Kelly, Cheryl A. Member ID: 10285589500			Prior Processed Amount 0.00 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 #: 91011 Claim #: 072967247100					Member Name: Miller, Samantha B. Member ID: 10287848800			Prior Processed Amount 0.00 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 Billed	Amount Allowed	COB	Net Amount Processed
659.00	252.49	0.00	252.49

Overpayments recovered this period: 0.00

Remaining overpayment amount: 0.00

NET CHECK AMOUNT: 252.49



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H

Payment Summary

Description	Provider ID	Amount Billed	Amount Allowed	COB	Prior Processed Amount	Net Amount Processed
Doe, John	999999999999	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

I

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.
- 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).