

# pumping essentials

A woman with long dark hair is sitting in a light blue armchair, looking at her smartphone. She is wearing a black tank top and dark pants. Two breast pumps are on her lap, connected to clear bottles. The background is a bright, modern interior with large windows.

How To Read Your EOB

# What is an EOB?

EOB stands for Explanation of Benefits. This is a document that your insurance provider sends to you, letting you know a claim has been processed.

The most important thing for you to remember is an EOB is NOT a bill. It's letting you know which healthcare provider has filed a claim on your behalf, what it was for, whether it was approved, and for how much.

Each insurance provider's EOB looks different than the next. We have attached an example EOB on the next page.



# Example EOB

Please keep in mind that each insurance provider's EOB may look different. This is an example we have created for reference.

## INSURANCE PROVIDER

### CLAIM DETAIL (1 of 1)

PATIENT: JANE SMITH

1 PROVIDER: PUMPING ESSENTIALS

CLAIM #: XXXXXXXXXXXX

DATE PROCESSED: XX/XX/XXXX

### SUBSCRIBER INFORMATION

JANE SMITH

Member ID#: XXXXXXXXXXXX

Group #: XXXXXXXXXXXX

Customer Advocates are here to help! 1-800-EXA-MPLE

4	Amount Billed	\$XXX.XX
5	Discounts and Reductions	-\$XXX.XX
6	Health Plan Responsibility	-\$XXX.XX
7	You may owe your health care provider for these services	\$XXX.XX

YOUR BENEFITS APPLIED						7 YOUR RESPONSIBILITY				
2 Service Description	3 Service Dates	4 Amount Billed	Discounts and Reductions	5 Amount Covered (Allowed)	6 Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Durable Med Equipmnt	XX/XX/XXXX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX					\$XXX.XX
CLAIM TOTALS		\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX	\$XXX.XX

Total covered benefits approved for this claim \$XXX.XX to PUMPING ESSENTIALS on XX/XX/XXXX.

Notes about amounts under "YOUR BENEFITS APPLIED" and "YOUR RESPONSIBILITY"

- 1 **Provider:** the name of the organization who rendered the service or provided the medical supplies.
- 2 **Service Description or Service Code:** "Durable Medical Equipment" or E0603 may be listed here. This is the description and code for the breast pump you received.
- 3 **Service Date:** this is the date your breast pump ships.
- 4 **Amount Billed:** the amount billed is always higher than the amount allowed. This does not reflect what Pumping Essentials is paid, it is a standard billing amount that covers a range of contract rates we work with.
- 5 **Amount Covered (Allowed):** this is the rate that your plan allows for this service before any co-insurance and deductibles are applied.
- 6 **Health Plan Responsibility:** this is the amount that your plan pays Pumping Essentials.
- 7 **Your Responsibility (Co-Pay/Deduct/Coins Amount):** If you have any financial responsibility for your specific plan, that amount is listed here.

