

Explanation of Benefits

An Explanation of Benefits (EOB) is not a bill.

An EOB is an explanation of how FirstCarolinaCare applied your benefit plan for the services you received. You may have paid your "co-pay" or "co-insurance" when you saw your doctor. Please compare your EOB patient responsibility to your provider's bill.

Why is my EOB important to me?

You should always review your EOB carefully to make sure you received the services listed and that all your information is correct. For questions or corrections, please call 1-800-811-3298.

Information your EOB includes:

- When you had services
- What services you received
- How much the provider charged
- What FirstCarolinaCare allowed
- What your financial responsibility is

Your EOB also includes telephone numbers to call if you have any questions. There may also be messages explaining with more detailed information how and why your claim was paid.

Explanation of Benefits Key

- ① **Member** – Person receiving services.
- ② **Member ID** – Identification number of person receiving services as it appears on the ID card.
- ③ **Subscriber** – Employee.
- ④ **Group Number** - Employer number assigned by FirstCarolinaCare
- ⑤ **Group Name** – Employer
- ⑥ **Member Address** - Please verify this is your mailing address.
- ⑦ **Total Charges/Charged** – Provider's usual and customary charge for services provided.
- ⑧ **Amount Paid to Provider/Ins. Paid** – Amount paid to the provider by FirstCarolinaCare. This is the maximum allowable payment for covered services less patient responsibility.
- ⑨ **Patient Responsibility** – Total that member owes provider for services listed. This may have been paid at the time of service. This amount is always payable to the provider.
- ⑩ **Information** – Provided for member to call for questions or to discuss information on the EOB.
- ⑪ **Provider Name** – Provider rendering services.
- ⑫ **Provider Number** - Number assigned by FirstCarolinaCare
- ⑬ **Paid to** - Payment sent to this provider or subscriber.
- ⑭ **Claim Number** – Number assigned by the system to identify each claim received.
- ⑮ **Date** – Date member saw the provider or received services.
- ⑯ **Service Description** – Description of services.
- ⑰ **Allowed** – The maximum allowable payment to the provider for services provided.
- ⑱ **Not Cov** – Charges for services not covered.
- ⑲ **Discount** – Difference between charged amount and maximum allowable payment for providers.
- ⑳ **Other Ins** – The amount paid by a member's primary carrier for that service, when the member's other insurance is primary. (*COB: Coordination of Benefits between the member's primary and secondary insurance carriers.*)
- ㉑ **Deduct** – Amount of maximum allowable payment that is applied to your deductible for the benefit year in which the date of service falls.
- ㉒ **Co-Ins** – Co-Insurance due to the provider from the member for service. (*See Schedule of Medical Benefits for specific details.*)
- ㉓ **Copay** – Copay due to the provider from the member for service. (*See Schedule of Medical Benefits for specific details.*)
- ㉔ **Remarks** – Will appear as letters (A,B,C, etc.).
- ㉕ **When applicable**, this is a summary of your annual deductible information for you and for your family, if you have a family plan, for both in-network and out-of-network services.
- ㉖ **When applicable**, this is a summary of your annual co-insurance information for you and for your family, if you have a family plan, for both in-network and out-of-network services.

Explanation of Benefits

Please see the other side of this page for more information about the EOB and descriptions of the numbered areas below.

FIRSTCAROLINACARE
42 MEMORIAL DRIVE
PINEHURST NC 28374

First CarolinaCare
INSURANCE COMPANY

This is not a bill. Please retain for your records.

- ① Member Name MEMBER, IMA
- ② Member ID No. 00000002400
- ③ Subscriber Name MEMBER, IMA
- ④ Group No. A00205
- ⑤ Group Name FIRSTHEALTH OF THE CAROLINAS
- ⑥ Member Address 1234 MAIN STREET
YOURTOWN, NC 27384
- ⑦ Total Charges 88.00
- ⑧ Amount Paid to Provider 52.80
- ⑨ Patient Responsibility 0.00

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IMA MEMBER
1234 MAIN STREET
YOURTOWN, NC 27384

- ⑩ Questions? Call Customer Service at (800) 811-3298.
M-F 8am - 5pm ET Or reach us online at:
www.firstcarolinacare.com

Explanation of Benefits

The following explains how this claim was processed.

① Provider Name MONTGOMERY MEMORIAL		⑫ Provider Number FH6000005		⑬ Paid To FIRSTHEALTH MONTGOMERY MEMORIAL				⑭ Claim Number 0110290890498			
Date	Service Description	Charged	Allowed	Not Cov	Discount	Other Ins	Deduct	Co-Ins.	Copay	Ins Paid	Note
10/22/08	SCREENING MAMMOGRAPHY	88.00	52.80	0.00	35.20	0.00	0.00	0.00	0.00	52.80	
Total		⑦ 88.00	⑰ 52.80	⑱ 0.00	⑲ 35.20	⑳ 0.00	㉑ 0.00	㉒ 0.00	㉓ 0.00	⑧ 52.80	

If any internal rule, guideline, protocol or other similar criteria was relied on in making an adverse decision on this claim, it will be provided without charge upon request. If an adverse decision was based on lack of medical necessity, or non-coverage due to experimental/investigational treatment or a similar exclusion, an explanation will be provided without charge upon request.

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Benefit Summary

The following explains your deductible and coinsurance accumulation information.

Description	⑲ Amount	Description	㉔ Amount
IN NETWORK DEDUCTIBLE		IN NETWORK CO-INSURANCE	
Individual Deductible	0.00	Individual Coinsurance	2,500.00
Remaining Amount	0.00	Remaining Amount	2,500.00
Family Deductible	0.00	Family Coinsurance	5,000.00
Remaining Amount	0.00	Remaining Amount	5,000.00
OUT OF NETWORK DEDUCTIBLE		OUT OF NETWORK CO-INSURANCE	
Individual Deductible	1,500.00	Individual Coinsurance	8,000.00
Remaining Amount	1,500.00	Remaining Amount	8,000.00
Family Deductible	4,500.00	Family Coinsurance	16,000.00
Remaining Amount	4,500.00	Remaining Amount	16,000.00