



How to Read Your EOB

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

The EOB explains how a reimbursement was made or why a claim was not paid and if any additional information is needed. By registering on myGilsbar.com, you are automatically enrolled in electronic EOBs. An electronic EOB notification will be emailed to you each time a claim is handled by Gilsbar.

Gilsbar
GILSBAR, L.L.C.
P.O. Box 2947
COVINGTON LA 70434-2947

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JIDA [7,235] 14 of 47

Explanation of Benefits



[DR-DR]

**RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL**

Forwarding Service Requested

MISCELLANEOUS PAYMENT
PO BOX 998
COVINGTON LA 70434

7-235

Customer Service

For Customer Contact Center Call
New Orleans: 504-529-3505 Local: 985-892-3520
Provider: 888-215-9841 Member: 888-472-4352

**For claims and benefit information,
visit www.myGilsbar.com!**

Group: DEMO GROUP

Group#: Z8811 - 0000000000 - 00002
Check#: N/A
Paid Date: 7/15/2014

Claim#: 141961008-I
Patient: MARY BLACK

Member ID: 8811000003 Member: CHARLES BLACK
Patient#: 1 2 3 4 5 6

Line No.	Provider	Dates of Service	Procedure Code	Total Charges	Excluded Charges	Co-pay Amount	Deductible Amount	Covered Expense	Paid At	Payment Amount
01	MISCELLANEOUS PAYMENT	03/07-03/07/2014	99284	\$595.00	\$119.00	\$150.00	\$0.00	\$326.00	80%	\$260.80
02	MISCELLANEOUS P	03/07-03/07/2014	99053	\$100.00	\$20.00	\$0.00	\$0.00	\$80.00	80%	\$64.00
Column Totals				\$695.00	\$139.00	\$150.00	\$0.00	\$406.00		\$324.80
Patient's Responsibility: \$231.20										
									Payment Amount	\$324.80
									Total Payments	\$324.80

Payment Details

Paid To	Amount
BLACK CHARLES	\$324.80

Claim Remark 8

141961008-I 1,2 (Line 1-\$119.00)(Line 2-\$20.00)PPO discounted services which you are not obligated to pay.
141961008-I 1 If your plan has a major medical deductible, the co-payment does not apply to it.

Appeal Language

Appeals must be received within 180 days of claim notification and should be directed to Gilsbar L.L.C., Attn: Appeals, P. O. Box 998, Covington, Louisiana, 70434.

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Gilsbar Administrators & Insurance Services in California

HOW TO READ YOUR EOB

1. EXCLUDED CHARGES

Charges not eligible, which could be a discount written off by the provider, or a charge you are responsible for paying.

2. CO-PAY

The amount you are responsible for paying a PPO provider when a service is rendered.

3. DEDUCTIBLE

The amount of the charge applied to the deductible.

4. COVERED EXPENSE

The amount of the charge that is allowed by the plan.

5. PAID AT

The coinsurance paid by the plan.

6. PAYMENT AMOUNT

The covered expense multiplied by the paid at percentage; this is the amount paid by the plan.

7. PATIENT RESPONSIBILITY

This could include an amount applied to your deductible, a co-pay amount paid to a provider, coinsurance (your percentage of shared costs), or a charge excluded by the plan.

8. CLAIM REMARKS

An explanation by line number of the reasons certain charges were excluded.



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