


A guide to understanding your Explanation of Benefits (EOB)

Ascension Complete sends a summary of medical charges to members each month. This summary is called an Explanation of Benefits (EOB). EOBs are only sent if a member utilizes services the month prior. It is important to know that these documents are not invoices. They are intended to help you keep a record of what medical services were provided to you.

Each EOB will provide a Statement Period Overview on the first page (page 1). Page 2 includes useful information and instructions for reading the EOB, while page 3 contains information if you need to file an appeal. On page 4 (highlighted below) is where your outline of claims for the month begins.

If you see charges on your EOB that were not made by you, help us by reporting it as potential Fraud, Waste, or Abuse. Call our anonymous hotline at 1-866-685-8664 (TTY: 711) as a first step. Office hours are 24 hours a day, 7 days a week.



Claims recently processed for:
Member Name:
Member ID:

Ascension Complete

Claim Details

Provider: General Hospital ABC Claim Number: XX-XXXXXX
 Provider Participating Status: In-network Dates of Service: 01/04/2020

0100 Service description: X-Rays	Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
	\$854.00	\$379.75	\$379.75	\$0.00	\$0.00	\$0.00	06

0200 Service Description: Hospitalization Claim Number: XX-XXXXXX
 Dates of Service: 01/21/2020

0100 Service description: Immunizations	Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
	\$227.50	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	JU

0200 Service description: Well-check	Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
	\$649.75	\$475.55	\$475.55	\$0.00	\$0.00	\$0.00	JU

Total paid by plan: \$1,219.64 Total copayment: \$0.00 Total coinsurance: \$250.00

Provider: James Smith, M.D. Claim Number: XX-XXXXXX
 Provider Participating Status: In-network Dates of Service: 01/21/2020

0100 Service description: Immunizations	Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
	\$227.50	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00	JU

0200 Service description: Well-check	Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
	\$649.75	\$475.55	\$475.55	\$0.00	\$0.00	\$0.00	JU

Total paid by plan: \$550.55 Total copayment: \$0.00 Total coinsurance: \$0.00

This statement's total

Amount billed	Allowed	Paid	Deductible	Copayment	Coinsurance	Notes
\$3,308.75	\$2,020.19	\$1,770.19	\$0.00	\$0.00	\$250.00	N/A

CLAIM NOTES:

C4 Deny: code was denied by code auditing software	06 Paid according to fee schedule
Ic Info: proc codes considered information only by cms	JU Adjustment to previously submitted claim
Y1 Info: amount charged for service is zero	SR Payment reduction due to the medicare sequestration
v2 Reviewed by coding editing software-hci-pci	cz Claim adjusted according to mips status at time of payment.
	TF Deny - filing limit exceeded

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08/17/2020 **THIS IS NOT A BILL**

Each service you received from your provider begins with a Service Description.

Amount billed - The total amount that your provider billed your Ascension Complete Medicare Advantage plan for the service.

Allowed - This is the amount that Medicare allows the provider to charge for the service.

Paid - This amount is what Ascension Complete paid the provider for the service.

Each claim is separated with a dotted line and a Date of Service.

Copayment / Coinsurance - If the service requires a copayment or coinsurance, this is where you will find how much was paid by you at the time of service or is still owed.

Notes - The legend to read the codes is at the bottom of the page where it says Claim Notes.

Deductible - If your plan requires a deductible to be paid, this is where we will indicate how much of this claim will require you to pay towards your deductible.