

Explanation of Benefits

IMG is transitioning our claims Explanation of Benefits (EOBs) to a new format in order to provide you better claims information that's easier to understand. We've created this document to describe the new format, including details on each section. Actual EOBs may vary based on the type of coverage you have.

1 Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

2 Customer Service
Date Prepared: 04/21/17
If you have any questions regarding this claim, please call (800) 628-4664 or (317) 655-4500

3 Color Key: Plan Responsibility (blue), Amount You Pay (green)

- 1. Explanation of Benefits (EOB)** – IMG sends you a claims statement anytime we process a claim. It includes the name and address of the insured member, patient or alternate payee. The document details how the benefits cover the cost of a service from a provider and what is owed by the patient. The EOB is not a bill.
- 2. Customer Service Information** – This sections shows the date that the EOB was prepared and contact information for IMG's customer service department.
- 3. Color Key** – Items in blue show the plan's responsibility. The member's responsibility is shown in green.

| Dates of Service | Service Code | Total Charge | Not Covered | Reason Code | Discount Amount | Covered by Plan | Less Deductible | Less Co-Pay | Amount Subject to Coins | Paid At | Less Patient Share of Coins | Payment Amount |
|-------------------------------------|--------------|--------------|-------------|-------------|-----------------|-----------------|-----------------|-------------|-------------------------|---------|-----------------------------|----------------|
| 12/09-12/29/2016 | CC | \$35.80 | \$0.00 | 60U | \$0.00 | \$35.80 | \$0.00 | \$0.00 | \$35.80 | 50% | \$17.90 | \$17.90 |
| Column Totals | | \$35.80 | \$0.00 | | \$0.00 | \$35.80 | \$0.00 | \$0.00 | \$35.80 | | \$17.90 | \$17.90 |
| Patient's Responsibility: | | | \$17.90 | | | | | | | | | |
| Other Credits or Adjustments | | | | | | | | | | | \$0.00 | |
| Total Payment | | | | | | | | | | | \$17.90 | |

- 4. Member ID Number** – This is the identification number that IMG uses to keep track of member's claim activity in our claims system.
- 5. Claim Number** – This number is assigned by IMG's claims system when the claim is processed.
- 6. Provider and Patient Information** – This section includes the provider's name, group name, member's name and member's account number (assigned by the provider). For member-paid claims, the provider name will be "Member Paid".
- 7. Date of Service** – The date(s) the member received treatment.
- 8. Service Code** – The type of services or products the member received from the provider.
- 9. Total Charge** – The full amount billed by the provider to the plan.
- 10. Not Covered** – The portion of the total charge that was not covered or eligible for payment under the plan.
- 11. Reason Code** – A code that corresponds with the Remark Code description.
- 12. Discount Amount** – The amount saved by using an in-network provider.
- 13. Covered by Plan** – The portion of the charges eligible for benefits.
- 14. Less Deductible** – The deductible is the amount for which the member is responsible during each period of coverage.

- 15. **Less Co-Pay** – A set amount that the member pays for certain covered services, such as office visits or prescriptions. Copays are usually paid at the time of service.
- 16. **Amount Subject to Coins** – The total benefit amount subject to coinsurance.
- 17. **Paid At** – The actual coinsurance percentage.
- 18. **Less Patient Share of Coins** – The amount of the member’s share of the coinsurance.
- 19. **Payment Amount** – The amount paid by the plan for each claim line.
- 20. **Column Totals** – The total of each of the columns.
- 21. **Total Patient’s Responsibility** – Total amount that the member is responsible for paying after the plan benefits have been applied.
- 22. **Other Credits or Adjustments** – Any adjustments, credits or previous payments applied.
- 23. **Total Payment** – The total amount paid by the plan.

| | |
|-----|---|
| 24 | Service Code Description |
| CC | CHIROPRACTIC CARE |
| 25 | Remark Code Description |
| 60U | THE MEDIAN EXCHANGE RATE WAS USED IN CALCULATING BENEFIT REIMBURSEMENT FOR EACH DATE OF SERVICE. THERE IS NO ALLOWANCE FOR ANY BANK EXCHANGE FEE. |



| 27 | Additional Information | Payment Details | 28 | | | | | | |
|-------------|---|---|---------|-----------|--------|-------------|--------------|---------|--|
| | IMG acts solely as the agent and Third Party Administrator for the insurance carrier/group plan on whose behalf this instrument is issued. Please contact IMG for further details and specific information concerning the carrier/group plan. | <table border="1"> <thead> <tr> <th>Paid To</th> <th>Check No.</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>JOHN SAMPLE</td> <td>000006163949</td> <td>\$17.90</td> </tr> </tbody> </table> | Paid To | Check No. | Amount | JOHN SAMPLE | 000006163949 | \$17.90 | |
| Paid To | Check No. | Amount | | | | | | | |
| JOHN SAMPLE | 000006163949 | \$17.90 | | | | | | | |
| 29 | Accumulator | Amount | | | | | | | |
| | Deductible | \$1,500.00 | | | | | | | |

- 24. **Service Code Description** – An explanation of the procedure (service) codes listed on the claim. These codes describe the services that were rendered by the provider.
- 25. **Remark Code Description** – An explanation of the remark code used on the claim.
- 26. **Copy of the Front of the Voided Check Image**
- 27. **Additional Information** – Applicable appeal language and/or general information.
- 28. **Payment Details** – Explains to whom the payment was issued, the check/wire number and amount.
- 29. **Accumulators/Amount** – Amount applied to deductible or out-of-pocket amounts.
- 30. **Copy of the Back of the Voided Check Image**