

SAMPLE

Explanation of Benefits

SAMPLE

Insurance ABC
123 Elm St
Hometown, USA 01234

Mr. John Smith
520 Pleasant St
Hometown, IL 60610

Patients Name: John Smith
Date of Service: 1/27/07 - 2/4/07
Service Provider: Hometown Health

Date: 01-Apr-07

Deductible

Amount Paid by Plan:	\$6,000.00
Amount You May be Billed:	\$100.00
Your Annual Deductible:	\$0.00
Deductible Met to Date	\$0.00

Not Allowed/Not Covered				Due from Patient				Reason			
Date of Service	Type of Service	Billed Charges	Not Due from Patient	Equals Allowed Amount	Minus Other Insurance Payments	Minus Co-Pay	Minus Deductibles	Co-Insurance	Equals Amount Paid by Plan	Total Due from Patient	Code
1/27/2007	Inpatient	\$7,500.00	\$1,400.00	\$6,100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$6,000.00	\$100.00	90

Total:	\$7,500.00	\$1,400.00	\$0.00	\$6,100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$6,000.00	\$100.00			
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