

Understanding Your Seven Corners Explanation of Benefits

List of Services

Here you will see a detailed list of the services that were provided, including the date, total charged amount, any not covered amounts, deductibles and discounts.

EXPLANATION OF BENEFITS

THIS IS NOT A BILL



Provider Information:
GASTRO HEALTH, PL
9500 S. Dadeland Blvd, #802
Miami, FL 33156-

Patient Name:
Relationship to Policy Holder:
Patient DOB:
Account Number:
Certificate Number:
Group Number:
Claim Number:
Service Date of Claims:
Date EOB Generated:
Provider Invoice Number:
Provider Tax ID:

Personal Details

All your personal details will appear here at the top of the EOB.

Line	Service Date	Type of Service	Claim Amount	Ineligible	Deductible	U/C Reduction PPO Discount	Co-Insurance	% Paid	Amount Paid
1	10/03/2014	92	\$2.00	\$0.00	\$0.00	\$0.00	\$0.00	100	\$2.00
TOTALS			\$2.00	\$0.00	\$0.00	\$0.00	\$0.00		\$2.00

Type of Service	Description
92	MEDICAL RECORDS CHARGE

Type of Service

The type of service code description explains to you the services that were provided as outlined under the list of services above.

Patient Responsibility

If you have anything left to owe, this will be shown here. A few typical examples of why you will still owe money could be:

- You still need to pay your deductible to the provider
- There was a benefit that was not covered by your insurance plan
- More information may be needed to process your claim, such as a completed claim form.

Amount Paid

Here you will find the total amount paid by your insurance plan.

Insured: _____

Claim Processed By:
Seven Corners, Inc.
303 Congressional Boulevard
Carmel, IN 46032
(800) 335-0477
www.sevencorners.com

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Thank you for the opportunity to service these claims. Please call the Claim Processor at the phone number listed above with any questions you may have. There is an appeal process if you disagree with the determination. You have 180 calendar days to submit your written appeal to Seven Corners 303 Congressional Blvd, Carmel, IN 46032-5631. Once your appeal is received a decision will be made in 40-60 (depending on your state requirements) calendar days. If you do not agree with our appeal decision you may request a voluntary review if you have new or additional information. You may also file an appeal to the state Department of Insurance. The address can be found on each Department's website.

Please note: if there are any amounts in the ineligible, deductible or coinsurance columns, these are your responsibility and you will need to pay the provider directly for these charges.