

Your Explanation of Benefits (EOB)

What is an EOB?

An **Explanation of Benefits (EOB)** is a statement you receive from your health insurance plan after you get medical care. **It is not a bill**—it's a summary that shows what health care services you received, what your provider charged, how much your insurance covered, and what amount you may need to pay your provider.


Why to Review your EOB When it Arrives

- **Make sure it's correct:** It helps you catch mistakes, like services you didn't receive or charges out of place.
- **Understand what you owe:** It tells you what portion, if any, is your responsibility.
- **Spot billing surprises:** If your provider later sends a bill, you can check whether it matches what the EOB said.
- **Help you ask questions or appeal:** If something doesn't look right, you can call your health plan or provider and question it — having the EOB helps.

Brief Description of Your Visit/Care Received

Provider You Visited & Claim Number

Total Cost to Your Insurance and You



Mountain Health Co-Op
PO Box 30311
Salt Lake City, UT 84130

Jane Smith
123 Montana Road
Somewhere, MT 59644

For questions or review of the decision, please write:
Mountain Health Co-Op
PO Box 30311
Salt Lake City, UT 8413

For questions or review of the decision, please phone 800-299-6080 or visit mountainhealth.coop

Explanation of Benefits
 This is not a bill, please retain for tax purposes

Member:	Jane Smith
Member ID:	123456789
Patient:	Jane Smith
Group ID:	987654321
Date:	2/2/2026
EDI Payer ID:	MHC01

Dates of Service	Provider/Claim Number	Description	Total Charges	Plan Rate	Plan Responsibility	Patient Responsibility			Remark
						Not Covered	Deductible	Capay/Coinsurance	
02/02/2026	Dr. John Doe 2453687-2549	Urgent Care Visit	\$100.00	\$73.50	\$13.50	\$0.00	\$0.00	\$60.00	EOP, P17
Totals			\$100.00	\$73.50	\$13.50	\$0.00	\$0.00	\$60.00	EOP, P17

Claim Summary

Other Adjustments	\$0.00
Paid by Other Insurance	\$0.00
Total Payment to Provider	\$13.50
Total Payment to Patient	\$0.00
Amount you owe or have already paid	\$60.00

Your Information

Summary of Your Responsibility

Claim Summary

Your EOB may be accompanied by information for interpreter services or your rights and protections against surprise medical bills.

How to Read & Interpret the Explanation of Benefits (EOB) Electronically or on Paper

Data	Description
Check Number	If payment was made by Mountain Health Co-Op, this is the number of the check for payment.
Claim Number	This is the assigned number of the applicable claim.
Date of Service	Date the health care service was completed.
Patient/Member Name	The name of the member who received the service.
Patient/Member ID Number	Identification number for your Mountain Health Co-Op coverage
Vendor/Provider	The medical provider who performed the service
Payee	Vendor or physician who performed the service and receiving any applicable payment for the service provided to the member
Diagnosis Codes	Codes that are used as a tool to group and identify diseases or symptoms
Procedure Codes	Codes that are used to identify specific services performed by providers
Place of Service	The type of location where the services were performed
Billed Amount/Submitted Charge	This is the amount that is being billed by the provider for the service
Allowed Amount/Eligible Charges	This is the amount that Mountain Health Co-Op uses to determine payment and patient responsibility.
Paid Amount/Paid to Provider	This is the amount that Mountain Health Co-Op paid to the provider
Remaining Patient Responsibility	Any amount of patient responsibility left to pay that includes expenses that went to your deductible, copays, or coinsurance as well as any noncovered service
Reason Code	Codes used to provide additional information related to the denial or coverage of the services
Plan Name	The name of your insurance coverage

If members have any questions about the EOB, they are more than welcome to contact customer service at 800-299-6080. Subscribers are able to see their claim information as well as any of their dependents under the age of 18. **Please Note: This is not a controlled document and is only to be used as a reference.**