

Understanding Your Medical EOB

Your Guide to Key Terms

The AMO Medical Plan provides an Explanation of Benefits (EOB) statement for each medical claim filed to the Plan. The EOB provides detailed information for each service in which the Plan is billed.

“Date of Service”: The date(s) services were rendered.

“Total \$Charge”: The total amount the provider or facility charged for the services rendered.

“AMO \$Aprv'd.”: The approved amount is the PPO contracted rate for in-network providers or UCR (usual, customary & reasonable) rate for out-of-network providers.

“Deduct. \$Amt.”: This is a certain dollar amount of eligible expenses that the participant and / or dependent are required to pay before benefits are paid.

“Nature of Service/Provider”: Type of service that was provided. Example: Doctor Office Visit, Surgery, Anesthesia, Inpatient Hospital, and Out-Patient Hospital.

“Copay \$Amt.”: This means a pre-determined dollar amount or percentage of eligible expenses that the participant and/or dependent are required to pay.

“COB \$Aprv'd.”: This is the amount the primary insurance allowed. (This is only applicable if you or your dependents have primary coverage under another health plan.)

“Benefit \$Amt./%”: This is the amount and percentage paid by the Plan to the provider or participant.

“COB \$Paid”: This is the amount the primary insurance *paid*. (This is only applicable if you or your dependents have primary coverage under another health plan.)

“Co-Ins. \$Amt.”: This means a percentage of eligible medical expenses shared by the participant and / or dependent and the Plan after Deductibles and Co-payments have been met.

American Maritime Officers Medical Plan
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Nature of Service/Provider	Date of Service		Total \$ Charge	COB \$ Aprv'd.	COB \$ Paid	AMO \$ Aprv'd.	Deduct. \$ Amt.	Copay \$ Amt.	Co-Ins. \$ Amt.	Benefit	
	From	To								\$ Amt.	%
Description of Remarks (RMK) Codes as used above / Misc. Comments											

Pat # _____ Date _____ Amount _____
 Check # _____ Claim # 2006000000-01

Payee:
 LAWRENCE ANYMAN
 12345 ANY STREET
 ANYWHERE, USA
 NONAME DOCTOR, MD
 45678 Medical Row
 Anywhere, USA

Please make sure to review each EOB received, as the detail provided is a complete explanation of benefit payment and will inform you of any out-of-pocket responsibilities. In addition, further information may be required from the participant and/or provider of service prior to benefit payment. To help expedite benefit payment, please make sure to forward any requested information to the Plan office. **Requested information is found in the “Description of Remarks” section of the EOB. PLEASE NOTE: Amounts located in the Deductible, Co-Insurance, or Co-pay columns may be the responsibility of the participant or patient.**