WELLFLEET

Wellfleet Group, LLC
2077 Roosevelt Avenue
Springfield MA 01104

Forwarding Service Requested

Explanation of Benefits

THIS IS NOT A BILL RETAIN FOR TAX PURPOSES

GUIDE TO UNDERSTANDING THE EXPLANATION OF BENEFITS

Customer Care Information

Questions?
Please contact our Customer Service Department at
Phone 1-855-664-5837

Group Name: 1
Group #: 2
Member: 3
Member ID: 4
Date: 5

Claim #: 6
Patient: 7
Provider: 8
Patient DOB: 9
Patient Act #: 10

Dates of Service	Proc. Code	Total Charge	Discount Amount	Ineligible Amount	COB Amount	Reason Code	Covered By Plan	Co-Pay Amount	Deductible Amount	Remaining Balance	Paid At	Plan Payment Amount
11	12	13	14	15	16	17	18	19	20	21	22	23
Column Totals	24											
											Total Net Payment	26

Patient's Responsibility: 25

SERVICES

Code	Description
27	28

REMARKS

Code	Description
29	30

PAYMENTS

Payment To	Check #	Amount
31	32	33

APPEALS INFORMATION

Please contact Customer Service at the number above if you need assistance understanding this notice or our decision to deny you a service or coverage. You are entitled to a review of the benefit determination if you do not agree. To obtain a review, submit your request in writing to the address shown above. Your request should include your name and address, Insurance ID, claim number, the reason for appealing and any supporting documentation and comments you would like to have considered. Written requests for review must be mailed or delivered within the time limit required by your Plan. Please consult your Plan Document for more information about claim review procedures. If a claim is denied, or partially denied because of lack of medical necessity or an experimental treatment exclusion, internal rules, guidelines, protocol or an explanation of the clinical judgement for determination will be provided without charge, upon request. If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision. 34

Key for the Explanation of Benefits

#	Explanation
1	Group Name – displays the ISO product name
2	Group # - displays the group number assigned by Wellfleet
3	Member – displays the name of the primary member
4	Member ID – displays the ID number assigned by ISO
5	Date – displays the date the Explanation of Benefits (EOB) was issued
6	Claim # - displays the unique claim number assigned by Wellfleet for this claim
7	Patient – displays the name of the patient who received services
8	Provider – displays the name of physician or facility whom billed for service(s)
9	Patient DOB – displays the patient's date of birth
10	Patient Act # - displays the patient account number from the provider or facility who billed for service(s)
11	Dates of Service – displays the date(s) services were rendered
12	Proc Code – displays the procedure code for the service billed
13	Total Charge – displays the amount the provider charged for the service(s)
14	Discount Amount – displays the network discount amount
15	Ineligible Amount – displays the amount excluded or not covered by the plan
16	COB Amount – displays the amount paid by any other insurance for this claim
17	Reason Code – displays the reason code for any discount or ineligible amounts
18	Covered By Plan – displays the amount covered after any discounts and ineligible amounts
19	Co-Pay Amount – displays the patient co-pay amount applied to this claim
20	Deductible Amount – displays the patient deductible amount applied to this claim
21	Remaining Balance – displays the charges after any discount, ineligible, COB, co-pay and deductible amounts
22	Paid At – displays the percentage of the remaining balance that is being paid by the plan
23	Plan Payment Amount – displays the amount that has been paid by the plan
24	Column Totals – displays the totals for each column
25	Patient's Responsibility – displays the amount the patient is responsible for paying to the Provider. This amount may include: non-covered amounts, member deductible, member co-pay, member co-insurance
26	Total Net Payment – displays the total amount that has been paid by the plan
27	Services Code – displays the procedure code for the service(s) billed
28	Services Description – displays the procedure description for the service(s) billed
29	Remarks Code – displays the reason code for any discount or ineligible amounts
30	Remarks Description - displays the reason description for any discount or ineligible amounts. In some cases, this description will advise of additional information that is needed to process your claim
31	Payment To – displays who the payment was made to
32	Check # - displays the check number for the payment
33	Amount – displays the amount paid for this claim
34	Appeals Information – displays the appeal language

Common Insurance Terms

Co-Insurance – the percentage of your medical expenses for which you are responsible after any applicable Co-Pays or Deductible has been satisfied.

Co-Pay – a payment which you make upfront each time you receive certain medical services. When you visit your health care provider, you pay the copayment to the provider, and the plan considers coverage of the remaining expenses, subject to any applicable Deductible or Co-Insurance.

Deductible – the amount you must pay annually towards certain categories of medical expenses before insurance benefits begin.

Explanation of Benefits (EOB) – a document from the Claims Administrator, showing what the plan has covered, what discounts have been applied, and what your remaining financial responsibility (if any) is. THIS IS NOT A BILL, so do not send any balance due to Wellfleet. The provider will receive a separate notification and should send you a revised bill for any remaining amount due.

Out-of-pocket expenses – the combined total of any Deductible and Coinsurance costs for which you are responsible.

In-Network Provider – a provider who belongs to your plan’s PPO Network(s) who has a special agreement to accept a discounted rate. This means that the treatment costs are lower for you when you utilize one of these “In-Network” providers.

Out-of-Network Provider – a provider which has no special agreement with a PPO Network. Because there is no agreement, treatment costs and your deductible and co-insurance are higher.