

How to read your Explanation of Benefits (EOB)

An EOB details how your health plan benefits were applied to healthcare services you recently received. It is meant to explain what was covered, what was excluded and what you may owe. An EOB is not a bill. Rather, it serves as a tool for tracking your healthcare expenses.

Excluded Charges are charges not covered by your plan for a particular service or procedure. These charges can include a discount written off by the provider, a network discount or a charge you are responsible for paying.

The **Co-pay Amount** is the fixed amount you are responsible for paying your provider, usually at the time of the service.

The **Deductible Amount** shows how much of the charge was applied to your deductible.

Covered Expense shows the amount of the total charge that is covered by the plan.

Paid At is the rate of coinsurance as a percentage paid by the plan.

Payment Amount is the total amount that was paid to the provider.

Patient Responsibility shows the total amount that you may owe your provider for a specific service.

Claim Remarks, if included, explain the reasons certain charges were excluded from coverage.



personify
HEALTH
Personify Health
PO BOX 2947
Covington LA 70434-2947

Forwarding Service Requested

JOHN DOE
123 ELM STREET
FRESNO, CA 93721

Claim#: 123456789X
Patient: John Doe

Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Customer Service

For Customer Contact Center Call
Member: 888-472-4352
Provider: 888-215-9841

For claims and benefit information, visit www.spp.personifyhealth.com

Group#: ABC COMPANY
Group#: 0000 - 0000 - 00101
Check#: N/A
Paid Date: 6/05/2025

Line No.	Provider	Dates of Service	Description	Total Charges	Excluded Charges	Co-pay Amount	Deductible Amount	Covered Expense	Paid At	Payment Amount
001	Behavioral Health Ser	05/14-05/14/2025	Phys Therapy	\$238.46	\$119.23	\$0.00	\$0.00	\$0.00	100%	\$119.23
Column Totals				\$238.46	\$119.23	\$0.00	\$0.00	\$119.23		\$119.23
Patient Responsibility:				\$0.00						
								Amount Recouped:		\$0.00
								Total Payment:		\$119.23

Claim Remarks

123456789X 001 Network Healthcare discount. Patient not liable.

Your Appeal Rights

You may call Personify Health to obtain a copy, free of charge, of the diagnosis and treatment codes (and their meanings), internal rules, guidelines, protocols, criteria, or standards for determining medical necessity, experimental treatment or similar information, exclusions or limits which were relied upon for any adverse benefit determination. The Employee Retirement and Income Security Act (ERISA) provides you or your authorized representative the right to appeal any adverse benefit determination by sending a written request to Personify Health within 180 days of receipt of this notice. If you appeal, we will review our decision and provide you with a written determination. An appeal must be decided within 60 days of receipt of the request. 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. ERISA section 502(a) grants you the right to take civil action. The timeframe for filing suit may be as short as one year after the adverse determination. Although you have the right to bring suit under ERISA section 502(a), you must exhaust the Plan's appeals process first. Refer to your plan document for the information on specific time limitations for filing suit. For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). Additionally, a consumer assistance program may be able to assist you at 866-999-3210.

Appeals should be directed to: Personify Health, Attn: Appeals, P. O. Box 156, Covington, Louisiana 70434.

Language Assistance

Para obtener asistencia en Español, llame al 1-888-472-4352.
Kung kailangan niyo ang tulong sa Tagalog tumawag sa 1-888-472-4352.
Dinek'ng shika at'ohwoli niniang, kwilijjo hoine 1-888-472-4352.
可根據需要與翻譯服務 1-888-472-4352。

Explanation of Benefits

Questions?
Call the number on the back of your ID card.