



1 NovaSys Health
 10801 Executive Center Drive, Suite 305
 Little Rock, AR 72211

200J12000003
 wp

Forwarding Service Requested

Questions? Call us at
877-362-9003 21



2 Joe D Smith
 1234 Anystreet Rd.
 Anywhere, AR 72211-0000

Patient's Name: Joe D. Smith 20
 Contract #: 123456789
 Group: Your Employer
 Claim No: 012345678912 19
 DRG:
 Dates of Service: 041404 - 041504
 Paid Date: 04/30/04 18
 Provider Name: Any Hospital

Explanation of Benefits- This is NOT a Bill

3 Serv	4 Service Date	5 Cat/ Days	6 Amount Billed	7 Amount Denied	8 Explain Codes	9 Amount Allowed	10 Medicare Allowed	11 Medicare Paid	12 Amount Deduct	13 Amount Copay	14 Amount Coins	15 Third Party Payments	16 Amount Paid
0100	100903	4	1,235.00	.00		1,235.00	.00	.00	.00	.00	.00	.00	1,235.00
Totals:			1,235.00	.00		1,235.00	.00	.00	.00	.00	.00	.00	1,235.00

Patient's Responsibility: .00 17

Code Message Description 22

*** An internal protocol has been relied upon in making the benefit determination. The claimant will be provided, on request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claimant's claim for benefits such as an explanation of scientific or clinical judgment supporting an adverse Determination that is based on medical necessity. You or your authorized representative have the right to file an appeal. You may file your request, in writing within 180 calendar days of the initial claim determination. For requests for payment for services that you have already received (e.g., adverse benefit determinations), your Plan is responsible for processing your appeal request within 30 calendar days from the date we receive your request. If you Plan does not rule fully in your favor, you have the right to request a second appeal in writing within 30 days after you have received notice of the decision on the initial appeal. You Plan is responsible for processing your second appeal request within 30 calendar days from the date we receive your request. You or your plan may have other voluntary dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and your state insurance regulatory agency. If your Plan does not rule fully in your favor, you have the right to bring a civil action under section 502(a) of ERISA.

EOB Definitions

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| <ul style="list-style-type: none"> 1) NovaSys' contact information 2) Subscriber's name and address as listed with NovaSys. 3) The service code or explanation of service submitted by the provider. 4) The date of the service referenced in this EOB. 5) Count/Days = Count refers to quantity; for example, if the EOB is for an allergy test, this would reflect the number of tests. Days refers to the number of days this EOB cover; for example, if this EOB were for DME rental, this would reflect the number of days. 6) Total amount charged by the provider or facility for services. 7) The amount of total charges that were denied. 8) The reason for the amount denied in #7. 9) Amount contracted between NovaSys and the provider or facility for the specific procedure code. 10) Total amount allowed under Medicare if Medicare is the primary payor. 11) Total amount paid under Medicare if Medicare is the primary payor. 12) This is the amount from this EOB applied toward the deductible. 13) Amount owed as a copay for the services indicated in this EOB. | <ul style="list-style-type: none"> 14) Amount applied to coinsurance for the service indicated on this EOB. 15) Any payments by other carriers or entities will display here, as applicable. 16) Amount paid shows the total amount paid by NovaSys on this claim on behalf of the client, less deductible, copay, and coinsurance. 17) Patient's responsibility indicates the amount owed by the patient. 18) Dates of service are the dates this procedure was incurred. Paid date is the actual date the claim was funded. Provider's name is listed here, as well. 19) Claim number is the specific, defining number assigned to this claim by NovaSys Health. 20) Patient's name, member number, and employer group name are listed here. 21) NovaSys' Customer Service contact information. 22) Explanation codes defined. |
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