If it is Not a Bill, Why is the EOB Important to Me?

It is very important that you keep your Explanation of Benefits, known as EOB, in an organized system, usually by date of service, to reference as you progress through the insurance and payment portions following your care and medical treatment.

The EOB can be Your First Clue That an Error has Occurred

It is important to review the services that are documented on the EOB and the providers that are listed as part of your care. Sometimes a portion of the services you received are not noted on the EOB, because a specific provider is delayed in submitting the information to the insurance company on your behalf. Sometimes, the patient responsibility does not match with what you expected to pay and may be a result of a miscoding situation by the provider office, or missing documentation to support full payment. If the date of service is incorrect, this can create an inconsistent medical record creating confusion on the billing side.

It Will Help You Match up Bills From Your Provider When They Arrive

By alerting you to your patient responsibility amount associated with your care, you will know to expect a bill with that exact amount from your provider. At the same time, if you anticipate this amount will be difficult for you to pay, it gives you a chance to contact your doctors office and request a payment plan or investigate alternate payment options. When the bill does arrive from your doctor’s office if there is an inconsistency with the EOB, these documents will be necessary to clear up the difference and ensure accurate records. In addition, if your bill does not arrive in a timely manner, you will be able to contact your provider to follow-up so that you are not placed in collections resulting from your non-payment.

What Your EOB Contains

The ‘fine print’ following the financial summary related to your specific medical service can contain important information regarding the policies and procedures related to future interaction, grievances, appeals and your rights governed by your insurance plan. This section also contains the best contact information for addressing your questions and concerns to your insurance provider, should you have any.
Long Term Tax Records, Financial Budgeting and Insurance Disputes

In addition to the near term aspect of billing, keeping a copy of your Explanation of Benefits may be important for end of year tax documentation, as well as managing your total out-of-pocket expenses throughout your insurance plan year. If you are applying for any type of financial aid, whether through your provider, a state or local resource or even through a charity, they will most likely request copies of the EOB in their application process. Should you find yourself needing to appeal an insurance decision or dispute a charge or service, whether related to this specific date of service or a future incident, you will need to include EOBs as documentation within that process.

Follow Up if You Do Not Get Your EOB After Service

EOBs generally are received fairly quickly following a medical service, and most insurance policies will send you a copy of the EOB for your records even if you do not have an immediate patient responsibility portion of the bill.

If you are expecting an EOB and have not received one yet, check to see if you have selected to receive your EOBs electronically substituting for a paper copy in the mail. In this case, the electronic version may be available for your review online associated with your insurance account.

Your provider may not have yet submitted information related to your care to your insurance company and thus they have not yet processed a claim for reimbursement of those services. You may contact your provider or the insurance company at any point if you are concerned about the delay.

If your EOB is incomplete or missing a provider or service associated with the care your received, start with the provider to inquire if their submission was received by the insurance company to ensure they submitted to the correct company, with the correct date of service, and with accurate reference to you as the patient.