



Health Insurance Risk-Sharing Plan
1751 W Broadway ~ Box 8961 ~ Madison, WI 53708-8961

EXPLANATION OF BENEFITS

THIS IS NOT A BILL - SAVE FOR YOUR RECORDS
IMPORTANT INFORMATION ON REVERSE SIDE

QUESTIONS? CALL 1-877-828-4777 OR
608-221-4551 OR WRITE HIRSP AT:
P.O. BOX 8961
MADISON, WI 53708-8961

MARY PERSON
3 LORI DRIVE
ANYTOWN, USA 53704-1959

HIRSP ID NO.	GROUP NO.	DIVISION
555777444	090000	00001
GROUP: HIRSP		
PATIENT: MARY PERSON		
POLICYHOLDER: MARY PERSON		
DATE PRINTED	02/08/08	

A

PLEASE READ BELOW TO SEE HOW YOUR BENEFITS WERE APPLIED.

B		C				D				
PROVIDER ...-> FALLON CLINIC		CLAIM# 501160872				PATIENT ACCOUNT: M12345678				
SERVICE CODE	SERVICE DATE(S)	CHARGED AMOUNT	DIFFERENCE	INELIGIBLE AMOUNT	REASON CODE	YOUR DEDUCTIBLE	REMAINING AMOUNT	YOUR COIN-SURANCE	PAID AT %	AMOUNT PAID
E	F	G	H	I	J	K	L	M	N	O
PROCESSED ON				01-24-08						
99241	01-03-08	195.00	0.00	0.00		100.00*	95.00	19.00*	80	76.00
OFFICE CONSULTATION				SERVICING PROVIDER: THOMAS SMITH MD						
80061	01-03-08	75.00	0.00	0.00		0.00	75.00	15.00*	80	60.00
LAB				SERVICING PROVIDER: THOMAS SMITH MD						
PAYMENT TO PROVIDER ON 01-26-08										
CLAIM TOTALS		270.00		0.00		100.00	170.00	34.00		136.00

SUMMARY	CHARGED AMOUNT	DIFFERENCE	INELIGIBLE AMOUNT	YOUR DEDUCTIBLE	REMAINING AMOUNT	YOUR COIN-SURANCE	AMOUNT PAID
	270.00		0.00	100.00	170.00	34.00	136.00

REASON CODE

P

PAYEE	PAID	*YOUR SHARE
FALLON CLINIC	136.00	134.00

FOR THE PERIOD 01/01/2008 - 12/31/2008

These amounts refer to your HIRSP policy provisions

REMAINING DEDUCTIBLE:

REMAINING DEDUCTIBLE & COINSURANCE:

REMAINING LIFETIME BENEFIT:

INDIVIDUAL: 0.00

INDIVIDUAL: 1,500.00

1,988,625.69

Q

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB)

The Explanation of Benefits (EOB) is a summary of how charges were processed by HIRSP. To simplify your record keeping, we list only one provider on each EOB. This will allow you to easily match the EOB with your hospital, doctor, or clinic bill. It is always wise to keep a copy of your EOB for your records. We understand the first few times you look at it, it may be somewhat overwhelming. We have crated this explanation of the most pertinent information to assist you. Please use it as a reference.

A. POLICYHOLDER/PATIENT INFORMATION:

“HIRSP ID NO.” is the number shown on your HIRSP ID card. “GROUP NO.” and “DIVISION” are unique codes that identify and name HIRSP in the claims system. “Patient” is who received the health care services. “Policyholder” is the person insured by HIRSP, and “Date Printed” is the date the EOB was created. Please remember to present your HIRSP ID card to your health care providers.

B. PROVIDER:

The name of the health care provider and/or clinic.

C. CLAIM #:

The number HIRSP assigned to the patient’s claim.

D. PATIENT ACCOUNT:

The number the provider assigned to the patient’s account.

E. SERVICE CODE:

Service code, also known as a procedure code, is a standard code used by all health care providers to identify the specific service provided. Also included is a service category, such as medical, therapy, lab, etc.

F. SERVICE DATE(S):

The date the treatment, service, or supply was provided.

G. CHARGED AMOUNT:

The amount the provider billed HIRSP for the date and service code/type listed.

H. DIFFERENCE:

This is the difference between the charged amount and the HIRSP allowed amount. You are not responsible for this amount.

I. INELIGIBLE AMOUNT:

The amount not covered by HIRSP because of certain exclusion or limitations that apply to the service. You are responsible for this amount. This also includes the provider contribution designated by a 9J reason code. You are not responsible for this amount.

J. REASON CODE:

A code and description that indicates the reason the entire or only part of the charged amount was paid, denied, or ineligible.

K. YOUR DEDUCTIBLE:

The amount of covered charges that were applied toward your calendar year deductible before benefits are payable by HIRSP. Review the HIRSP benefit plan for any deductibles that may apply. You are responsible for this amount.

L. REMAINING AMOUNT:

The amount that remains from the charged amount after any difference, ineligible amount, or deductible amount is subtracted.

M. YOUR COINSURANCE:

Coinsurance is the portion of the remaining amount for which the policyholder is responsible.

N. PAID AT %:

Paid at % is the percentage of the remaining amount that the claim was paid.

O. AMOUNT PAID:

Amount paid is the actual dollar amount that was paid by HIRSP.

P. PAYEE, PAID, AND YOUR SHARE:

Payee is the name of the health care provider to which payment was made. Paid is the amount that was paid to your provider of service. Your Share is the amount you will be expected to pay directly to your health care provider.

Q. REMAINING DEDUCTIBLE:

The amount of deductible you are still responsible for this calendar year.

REMAINING DEDUCTIBLE AND COINSURANCE:

The amount of remaining deductible and coinsurance you are responsible for this calendar year. When this column shows zero (\$0), HIRSP will begin paying 100% of the covered charges for the balance of the calendar year.

REMAINING LIFETIME BENEFIT:

This amount is the benefit dollars still available under your \$1,000,000 lifetime maximum benefit.