

# This Is Not a Bill

## How to Read a TRICARE Explanation of Benefits Statement

**Y**ou know that sinking feeling you get when you open the mailbox and, except for the odd catalog or two, find nothing but a stack of bills? The next time you receive a TRICARE Explanation of Benefits (EOB) statement, take solace in these facts:

- 1) It's not a bill.
- 2) It provides a record of your medical care received and the TRICARE payments.
- 3) It provides advice on the processes to follow if you are not satisfied with the TRICARE payment.
- 4) It provides documentation for a possible income tax deduction.

Soon after visiting a health care provider, you will receive a TRICARE explanation of benefits (EOB) in the mail. You may think this is a bill (it isn't) or be tempted to throw it away (don't). This is an important document detailing all actions that have been taken on your behalf by TRICARE.

For each visit you make to a health care provider, TRICARE sends an EOB statement explaining what actions have been taken on the medical claim. The EOBs include a description of the expenses that have been billed by the provider and paid by TRICARE, any amounts you are required to pay (billed under separate coverage), and information about any problems that need to be taken care of before TRICARE can finish processing the claim.

By reading your EOBs and keeping them for your records, you can make sure the provider doesn't incorrectly bill you for more than your obligation or bill you twice for the same service. You also can track your annual deductible and catastrophic cap totals.

The following are a few guidelines for reading your EOBs:

### General Contents

Each EOB summarizes your recent health care visits by listing providers, dates of service, services provided, the amount billed and the amount TRICARE has paid. If it happens that TRICARE has not covered any portion of a bill, a code will appear and will be further explained in the "Remarks" section of the statement.

### Statement Number

A unique number, which appears on the top third of your EOB statement, is assigned to each claim. This helps the West Region claims processor, Wisconsin Physicians Service (WPS), keep track of the claim as it is processed.

It also enables WPS to find the claim quickly when you call or write with questions and concerns.

### Beneficiary Liability Summary

If you are responsible for a portion of the fee your doctor has charged, you'll see that amount itemized in the "Beneficiary Liability Summary." It will include any charges that have been applied to your annual deductible and any cost-share or copayment you must pay.

### Non-Participating Providers

Occasionally, you may visit or be referred to a non-network provider who does not "accept assignment." This means that he or she is not accepting the TRICARE allowable charge. If you are a TRICARE Prime beneficiary and were referred to this provider, TRICARE will pay the 115 percent of CMAC that the provider is allowed to charge. That check will go to you. You need to either sign the check over to the provider or write the provider another check maintaining a receipt of your payment. The same is true if you are a TRICARE Standard beneficiary who is the family member of an active duty sponsor called up under a contingency operation.

If you are a TRICARE Standard beneficiary, you are responsible for the additional 15 percent above CMAC and that amount is shown on the EOB.

No TRICARE beneficiary is responsible for more than the 115 percent of CMAC for payable services unless he or she has signed a specific waiver of the TRICARE allowable charge.

### Benefit Period Summary

The "Benefit Period Summary" shows how much of the annual deductible (individual or family) and maximum out-of-pocket expense you have met to date. By keeping an "EOB" file in your records, you can readily access and track this information.

### More EOB Information

To view a sample of the EOB statement and read a more in-depth explanation of its contents, visit [www.tricare.osd.mil/EOB/eob\\_statement.cfm](http://www.tricare.osd.mil/EOB/eob_statement.cfm). At this page, click on any text written in red to see a brief explanation.

If you have specific questions about the information contained in an EOB statement, call TriWest at 1-888-TRIWEST. ■



**TRICARE EXPLANATION OF BENEFITS**

Administered by: TriWest Healthcare Alliance  
 This is a statement of the action taken on your TRICARE claim. Keep this notice for your records.

**1** John B. Nice  
 123 Apple Lane  
 Huntsville, WA 12345-6789

**7** If you have any questions about this notice, please call toll-free at **1-888-TRIWEST** (874-9378). You can also visit us online at [www.triwest.com](http://www.triwest.com).

<b>2</b>	Date of Notice	08/14/2002
<b>3</b>	Sponsor SSN	234567890
<b>4</b>	Sponsor Name	John B. Nice
<b>5</b>	Patient Name	John B. Nice
<b>6</b>	Claim Number	2002212 053 0017930
	Check Number	C0001545337
	Provider Number	752906887 76550 0001
	Provider Name	ABC Valley Clinic

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SERVICES PROVIDED BY <b>8</b>	DATE OF SERVICE <b>9</b>	AMOUNT BILLED <b>10</b>	TRICARE ALLOWED <b>11</b>	REMARKS <b>12</b>
Michael Smith, MD	03/23/02-03/27/02	\$000,000.00	\$000,000.00	003
<b>Total</b>		\$000,000.00	\$000,000.00	

CLAIM SUMMARY <b>13</b>		BENEFICIARY SHARE <b>14</b>	
TRICARE Amount Billed	\$000,000.00	Cost-Share/Copay	\$000,000.00
TRICARE Allowed	\$000,000.00	Deductible	\$000,000.00
TRICARE Paid	\$000,000.00	Beneficiary Responsibility	\$000,000.00
Other Insurance Allowed	\$000,000.00		
Other Insurance Paid	\$000,000.00		
Other Insurance Patient Responsibility	\$000,000.00		
Amount Applied to Offset	\$000,000.00		

**15** OUT OF POCKET EXPENSE:

	Beginning October 1, 2002		Beginning October 1, 2001		Beginning October 1, 2000	
	Limit	Met to Date	Limit	Met to Date	Limit	Met to Date
Individual Deductible	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00
Family Deductible	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00	\$ 000.00
Catastrophic cap	\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00	\$0,000.00

**16** **Remark Codes:**  
 003: See item 5 on reverse. If you are not satisfied with our determination, you have the right to request a review within 90 days of the notice.

<b>17</b> PAID TO	AMOUNT PAID	BENEFICIARY RESPONSIBILITY
Skagit Valley Clinic	\$000,000.00	\$000,000.00

