

HOW TO READ YOUR EOB



Value Added Tax
TIN 100097326

EXPLANATION OF BENEFITS

FINANCIAL CENTRE | EAST BAY & CHURCH STREETS | P. O. BOX SS 19079 | NASSAU, BAHAMAS | T: 242 396-1300

Check Date: 4/19/2016

Jane Doe

BAHAMAHEALTH - CLAIMS DEPARTMENT
NASSAU, BAHAMAS

FAMILY GUARDIAN INSURANCE CO. LTD.
(BAHAMAHEALTH)
FGI CORPORATE CENTRE
EAST BAY & VILLAGE ROAD
P. O. BOX SS-19079
NASSAU, BAHAMAS

Service Date	Claim#	Coverage Description	Billed Amount	Not Covered	Covered Amount	Deductible Amount	Copay / Coins	Benefit Amount	Remark Codes
Patient: John Doe Group#: 0000200001 PID: 0000025045 Provider: Michelle Eccles-Major									
04/19/16 - 04/19/16	161100001Y	Dental Preventive (D0100)	\$80.00	\$0.00	\$80.00	\$50.00	\$0.00	\$30.00	
04/19/16 - 04/19/16	161100001Y	Dental Preventive (D0220)	\$35.00	\$0.00	\$35.00	\$0.00	\$0.00	\$35.00	
04/19/16 - 04/19/16	161100001Y	V.A.T. (7.5%) (CDT99)						\$4.88 TX	
Claim Totals			\$115.00	\$0.00	\$115.00	\$50.00	\$0.00	\$69.88	
Paid To Member								\$0.00	
Paid To Provider								\$69.88	
Grand Total			\$115.00	\$0.00	\$115.00	\$50.00	\$0.00	\$69.88	

Remark Code Description

TX Tx - Value Added Tax (7.5%)

Total Benefit Paid	\$65.00
Total V.A.T. Paid (7.5%)	\$4.88
Paid to Member	\$0.00
Paid to Provider	\$69.88

- A. The Policy Holder name & address
- B. The Patient receiving services
- C. The Date the service was performed & Claim Number
- D. The Description of the service/Procedure Code
- E. The amount billed by the service provider
- F. The Amount not covered by the plan.
- G. The insurable amount covered by the plan.
- H. The deductible amount applied to the claim
- I. The Copay/Co-insurance amount applied to the claim
- S. The Physician or Facility providing the service
- T. The total benefit amount paid for the service line.
- U. Remark Code – gives detailed explanation of how the claim benefits was calculated. (see description)
- V. The claim totals.
- W. The grand totals
- X. The total amount of the claim benefit that is paid
- Y. VAT charges paid for the service
- Z. The amount paid to the member (if applicable)
- AA. The amount paid to the service provider (if applicable)
- BB. Remark Code Description

