



How To Read Your Charter Oak Explanation of Benefits



The Explanation of Benefits statement (also called an "EOB") was modified to provide you with more information in an easy to read format. Please take a moment to look at the changes.

Other Features Include:

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| <ol style="list-style-type: none"> 1. How to reach CHNCT 2. Member who received the care 3. Provider who gave the care 4. Total charges processed for the provider 5. Total amount paid to the provider 6. Date of the check to the provider 7. Total amount of any charges not covered 8. Amount of deductible owed by patient, if applicable 9. Amount of co-insurance owed by patient, if applicable 10. Amount of any co-pay owed by patient, if applicable 11. Total amount of money owed by patient to the provider 12. Date the care was given 13. Billing codes used by the provider for the services 14. Amount Provider billed for each service 15. Amount CHNCT allows for each service 16. Amount of billed service not covered under Charter Oak benefits | <ol style="list-style-type: none"> 17. Co-pay amount owed by patient to provider, if any 18. Deductible amount owed by patient to provider, if any 19. Co-insurance amount owed by patient to provider, if any 20. Other: any adjustments to the claim paid to provider 21. Amount CHNCT is paying the provider 22. Code to reference any explanations found at end of the Explanation of Benefits form 23. Amount being paid to provider 24. Total amount patient owes to the provider 25. Provider claim reference number 26. Patient name 27. Out of Network Notice |
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1	Member Services 1-800-859-9889
2	Member:
3	Member #:
4	LOB:
5	Provider Name:
6	Provider #:
7	Billed Amount:
8	Paid Amount:
9	Check Paid Date:
10	Not Covered:
11	Deductible:
12	Coinsurance:
13	Copay:
14	Total Owed by Patient:

**This is a Charter Oak Health Plan
Explanation of Benefits**
 **To report suspected fraud or abuse, please call CHNCT's
 toll-free Fraud Reporting Hotline at 1-866-700-6109

12 Dates of Service	13 Proc Code	14 Billed Amount	15 Allowed Amount	16 Non Covered	17 Copay Amount	18 Deductible Amount	19 Coinsurance Amount	20 Other	21 Plan Pays	22 Reason Code
Claim Totals										

Claim No: 25 Patient: 26	23 Payment to Provider: 24 Amount Owed by Member:
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 If you are cared for by a doctor, hospital or other health care provider not participating with Community Health Network of CT., Inc. (CHNCT), you may be responsible for paying the entire fee if the provider chooses not to agree to a payment arrangement with CHNCT. The provider or hospital may also choose to accept a fee from CHNCT and then "balance bill" you for the remainder of charges for the services provided. Unless the care you need is an emergency, BEFORE YOU RECEIVE CARE, please call CHNCT if you are unsure whether a doctor, hospital or other health care provider is enrolled as a participating provider with CHNCT. The Member Services phone number is: 1-800-859-9889 and will help you understand payment issues and refer you to an enrolled provider participating in its network if necessary.