

# How to read an explanation of benefits (EOB)



Think of an EOB as an itemized receipt for the services you received from a provider. Your provider submits a claim to AmeriHealth, and then an EOB is generated to explain how the service was covered.

Your EOB includes details such as how much the provider charged, how much AmeriHealth paid the provider, your out-of-pocket costs, and how much you owe to the provider (if anything).

## Where to find your EOBs

You can view your EOBs online when you log in at [amerhealth.com](https://www.amerhealth.com) or using the AmeriHealth mobile app. Follow these steps:

- Select *View My Claims* from the quick links on the Welcome page when you log in. Or, from the menu on the left side of your Dashboard, select *Claims & Finances* and then *My Claims Overview*.
- Scroll to find the claim you'd like to view the EOB for. Then select the *View Details* link for that claim.
- Under Claim Details, click the *Explanation of Benefits* button to view your EOB.

## Go Paperless!

Get your EOBs faster and reduce paper waste by enrolling in paperless EOBs. To go paperless, log in at [amerhealth.com/login](https://www.amerhealth.com/login), go to *Account Settings*, then *Communication Preferences*, and turn on Paperless EOB.



## Do I need to pay the amount that my EOB says I owe?

Remember, your EOB is not a bill. If a dollar amount appears next to *Your Responsibility*, it doesn't necessarily mean you have a balance owed. If you owe anything, your provider will send you a bill for that amount.

AmeriHealth  
1901 Market Street  
Philadelphia, PA 19103-1480

  
**AmeriHealth**  
Explanation of Benefits  
RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

Jane Doe  
123 Any St  
Philadelphia, PA 12345

Customer Service

For Member Service, please call the number on the back of your ID card or logon to [www.amerihealth.com](http://www.amerihealth.com)

Participant Information

Group Number: 12345  
Group Name: IBX PPO  
Member: Jane Doe  
Date: 08/02/2025

Claim #: 2025080201

Provider: Presbyterian Medical Center

Patient: Jane Doe

Member ID: 1234567890

Dates of Service	Service Code	Total Charge	Discount Amount	Allowed Amount	Other Adjustments	Other Plan Payments	Not Covered	Co-Pay Amount	Deductible Amount	Co-Insurance Amount	Benefit Amount	Reason Code
11/20/2024	99204	\$350.00	\$0.00	\$178.60	\$0.00	\$0.00	\$0.00	\$35.00	\$0.00	\$0.00	\$143.60	148, 26
11/20/2024	99051	\$220.00	\$0.00	\$40.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40.00	148
<b>Claim Totals</b>		<b>\$570.00</b>	<b>\$0.00</b>	<b>\$218.60</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$35.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$183.60</b>	
<b>Patient Responsibility:</b>		\$35.00										
											<b>Other Carrier Adjustments:</b>	\$0.00
											<b>Total Payment Amount:</b>	\$183.60

Your Responsibility: \$35.00

Benefit Period: 11/1/2024 thru 10/31/2025

Reason Code Description

148 In Network benefits applied  
26 Co-payment Amount

The EOB shown is an example and for illustration purposes only. Your EOB may differ depending on your health plan and the services you received.

## How to read your EOB

Depending on your health plan, your EOB may have the following information:

**Total Charge:** The total amount the provider charges for the service(s) you received.

**Discount Amount:** This amount is the difference between what the provider charges and how much AmeriHealth has agreed to pay the provider for this service in their provider contract. You are not responsible for this amount.

**Allowed Amount:** This is the amount AmeriHealth will pay the provider for the service you received. AmeriHealth has negotiated this discounted amount with in-network providers, and that discounted price is passed along to you when you use an in-network provider.

**Reason code:** You may notice codes listed in some of the boxes of your EOB. These are called reason codes, and they offer more information about the amount listed in that box. Refer to the *Reason Code Description* section to review the explanations.

**Patient responsibility:** This is how much you may be responsible for paying, based on the provider and your health plan benefits.