

## Consolidated Explanation of Benefits

AultCare sends out a monthly statement outlining all claims processed during a twenty-day cycle (Note: Some plans are different.), eliminating the unnecessary, multiple pieces of paper people receive. This statement is referred to as a Consolidated Explanation of Benefits (CEOB).

The sample below explains how to read your CEOB form. Just click on the number to see the detailed explanation for that section. Use your browser's back button to return to the form after reading the explanation.

Questions? [Email Us](#)



AultCare  
P.O. Box 6910  
Canton, OH  
44706-0910

~ **This is not a bill** ~

This is an explanation of services that you received.  
Your provider will be sending you a bill if needed.

**1** Patient: Patient Name  
**2** Employee Name  
Employee Address

**4** Paid Dates  
11/8/99 - 11/28/99

**3** Type: Medical

<b>7</b> Patient's responsibility on this claim is	\$10.00
<b>8</b> This is the amount billed by Dr. Doe To AultCare Corporation for services provided on <b>9</b> 11/9/99 to 11/9/99 for Claim #000000123-01 This claim has been adjusted to reflect CO-PAYMENT	\$40.00  (\$10.00)
This is the amount paid for your benefits on 11/12/99 by AultCare	\$30.00
Breakdown of above services: Dates of Service: Amount Billed: Amount Paid	
OFFICE VISIT/MEDICAL 11/9/99 - 11/9/99	\$40.00 \$30.00

Patient

Type: Medical

Patient's responsibility on this claim is	\$40.00
This is the amount billed by Dr. Doe To Aultcare Corporation for services provided on 12/9/99 to 12/9/99 for Claim #000000124-01 <b>10</b> This amount has been excluded for the following reason FEE ADJUSTMENT, PATIENT NOT REQUIRED TO PAY.	\$100.00  (\$10.00)
<b>11</b> This claim has been adjusted to reflect: CO PAYMENT	(\$10.00)
<b>11</b> This claim has been adjusted to reflect: DEDUCTIBLE	(\$30.00)
<b>12</b> This is the amount paid for your benefits on 12/12/99 by AultCare	\$50.00
<b>14</b> Breakdown of above services: Dates of Service: Amount Billed: Amount Paid	
INJECTIONS 11/12/99 - 11/12/99	\$40.00 \$10.00
OFFICE VISIT/MEDICAL 11/12/99 - 11/12/99	\$60.00 \$40.00

**5** EMPLOYEE NAME  
GROUP 000-00-0000

CLAIM QUESTIONS, CALL 330-438-7456 OR 800-344-8858  
OR EMAIL US AT AULTCARE@AULTMAN.COM

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- 1 PATIENT NAME** Names of family members covered under the employee's health care plan that have had claims processed during the CEOB cycle.
- 2 EMPLOYEE NAME & ADDRESS FIELD** Name and address of the employee
- 3 TYPE OF CLAIM** Type of claims processed. This would be for medical, dental or vision.
- 4 PAID DATES**

Claims are continually processed with payments and vouchers being sent to providers and/or enrollees periodically throughout the month, although CEOB's are generally produced once a month.

<b>5</b>	<b>EMPLOYEE NAME, GROUP NUMBER, &amp; ENROLLEE IDENTIFICATION NUMBER</b>	This information will appear on the bottom of each sheet printed. In the example provided, there is one page for this member - information identifying the enrollee would be on each page.
<b>6</b>	<b>PAGE NUMBER &amp; RUN DATE</b>	Page number is self explanatory. The run date is the date the CEOB was printed. CEOB's are generally mailed a few dates after the run date.
<b>7</b>	<b>PATIENT'S RESPONSIBILITY</b>	This is the dollar amount that the patient owes the provider of health care service for that claim. Each claim will show a separate patient's responsibility amount.
<b>8</b>	<b>PROVIDER NAME &amp; TOTAL AMOUNT OF CHARGES</b>	This shows the name of the health care provider and the total amount billed by this provider for that claim.
<b>9</b>	<b>DATE(S) OF SERVICES</b>	Date(s) of services is self explanatory. Claim numbers allow AultCare's Service Center to identify specific claims when members call in with questions.
<b>10</b>	<b>EXCLUDED AMOUNT</b>	This provides information regarding dollar amounts excluded from payment for various reasons.
<b>11</b>	<b>DEDUCTIBLE/ CO-INSURANCE/ CO-PAYMENT</b>	This specifically states the amount the patient will owe for deductible, co-insurance, and/or co-payment.
<b>12</b>	<b>DATE PAID</b>	This is the date the check and voucher were printed for the provider.
<b>13</b>	<b>AMOUNT PAID</b>	This is the amount that was paid to the provider.
<b>14</b>	<b>BREAKDOWN OF SERVICES</b>	Under each claim processed there will be a short description and breakdown of the services rendered, along with the specific dates of service, amount billed, and amount paid. This breakdown allows members to verify the services and amounts billed by the providers as well as how the claims were processed by AultCare.

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