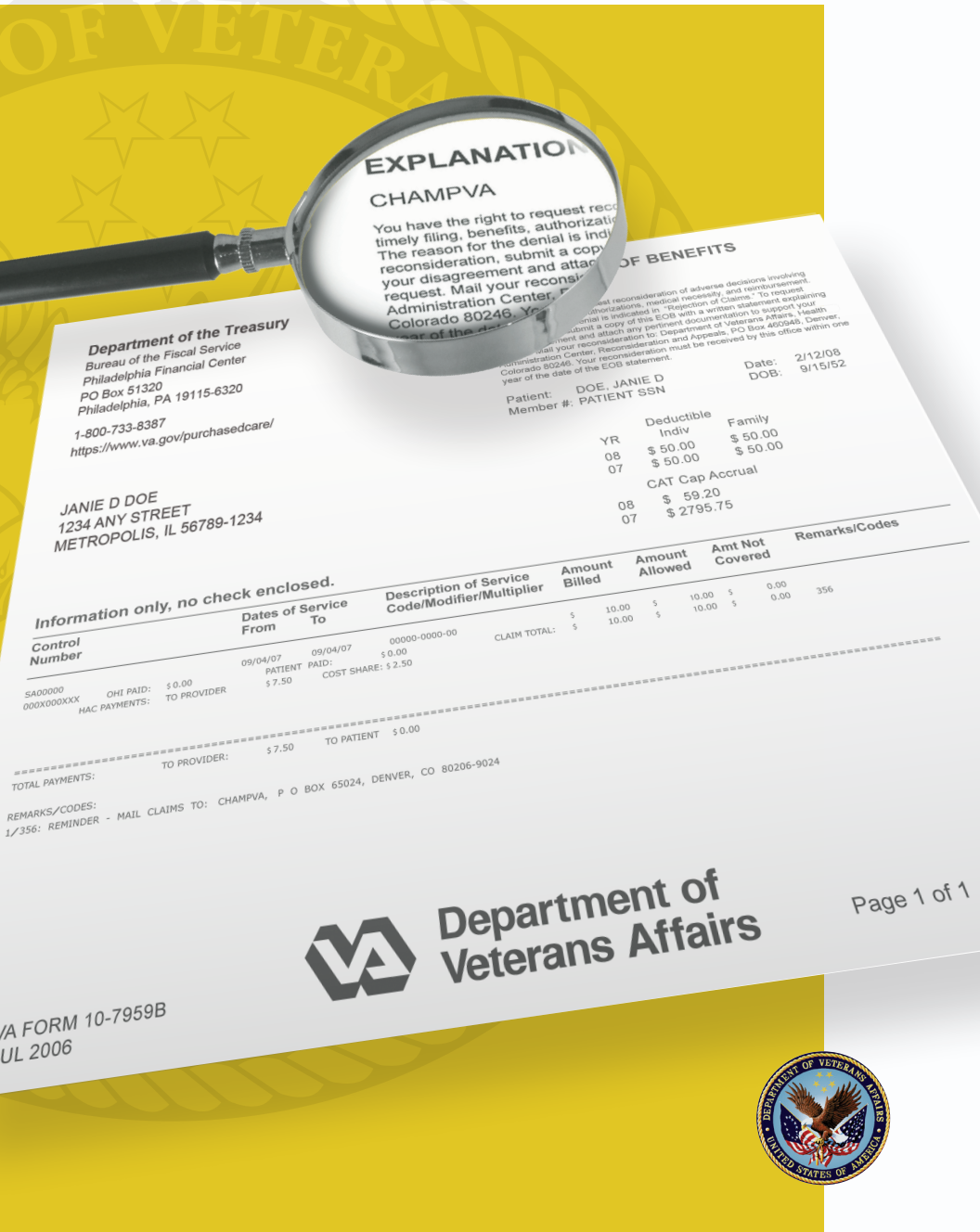


How to Read a CHAMPVA Explanation of Benefits



EXPLANATION OF BENEFITS CHAMPVA

You have the right to request reconsideration of your benefits, authorization, or reimbursement. The reason for the denial is indicated in this statement. If you disagree with the decision, you may request reconsideration. Mail your request to the Department of Veterans Affairs, Health Administration Center, Reconsideration and Appeals, P.O. Box 40246, Denver, Colorado 80246. Your reconsideration must be received by this office within one year of the date of the EOB statement.

Department of the Treasury
Bureau of the Fiscal Service
Philadelphia Financial Center
PO Box 51320
Philadelphia, PA 19115-6320
1-800-733-8387
<https://www.va.gov/purchasedcare/>

JANIE D DOE
1234 ANY STREET
METROPOLIS, IL 56789-1234

Patient: DOE, JANIE D
Member #: PATIENT SSN
Date: 2/12/08
DOB: 9/15/52

YR	Deductible Indiv	Family
08	\$ 50.00	\$ 50.00
07	\$ 50.00	\$ 50.00
CAT Cap Accrual		
08	\$ 59.20	
07	\$ 2795.75	

Information only, no check enclosed.

Control Number	Dates of Service From To	Description of Service Code/Modifier/Multiplier	Amount Billed	Amount Allowed	Amt Not Covered	Remarks/Codes
SA000000 000X0000XX	09/04/07 PATIENT PAID: \$7.50 COST SHARE: \$2.50	09/04/07 00000-0000-00	CLAIM TOTAL: \$ 10.00	\$ 10.00	\$ 0.00	356

OHI PAID: \$ 0.00
HAC PAYMENTS: TO PROVIDER

TOTAL PAYMENTS: TO PROVIDER: \$ 7.50 TO PATIENT \$ 0.00

REMARKS/CODES: 1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, P O BOX 65024, DENVER, CO 80206-9024



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JANIE D DOE
 1234 ANY STREET
 METROPOLIS, IL 56789-1234

EXPLANATION OF BENEFITS

CHAMPVA

You have the right to request reconsideration of adverse decisions involving timely filing, benefits, authorizations, medical necessity and reimbursement. The reason for the denial is indicated in "Rejection of Claims." To request reconsideration, submit a copy of this EOB with a written statement explaining your disagreement and attach any pertinent documentation to support your request. Mail your reconsideration to: Department of Veterans Affairs, Health Administration Center, Reconsideration and Appeals, PO Box 460948, Denver, Colorado 80246. Your reconsideration must be received by this office within one year of the date of the EOB statement.

Patient: DOE, JANIE D Date: 2/12/11
 Member #: PATIENT SSN

	1	
	DEDUCTIBLE	
YR	INDIV	FAM
11	\$50.00	\$50.00
10	\$50.00	\$50.00
	2	
	CAT CAP ACCRUAL	
11	\$127.34	
10	\$1995.61	

3 Information only, no check enclosed. Payment by EFT.

4	5	6	7	8	9	10	
CONTROL NUMBER	PROVIDER	DATES OF SERVICE FROM TO	DESCRIPTION OF SERVICE CODE/MODIFIER/MULTIPLIER	AMOUNT BILLED	AMOUNT ALLOWED	AMT NOT COVERED	REMARKS/CODES
BLE9157	XYZ MEM HOSP	08/10/10 08/10/10	11042 DEBRIDE SKIN/TISSUE	\$404.30	\$50.80	\$353.50	
		08/10/10 08/10/10	73562-RT X-RAY EXAM OF KN	\$140.00	\$30.31	\$109.69	
001412-315076	OHI PAID: \$43.61	PATIENT PAID: \$0.00	CLAIM TOTAL:	\$544.30	\$81.11	\$463.19	322 356 371 382 383
HAC PAYMENTS: TO PROVIDER \$28.00		COST SHARE: \$9.50					
BLI8889	XYZ MEM HOSP	03/02/10 03/02/10	X1860 FACILITY FEES	\$134.35	\$35.38	\$134.35	
0014112287604	OHI PAID: \$60.76	PATIENT PAID: \$0.00	CLAIM TOTAL:	\$134.35	\$35.38	\$134.25	65
HAC PAYMENTS: TO PROVIDER \$7.50		COST SHARE: \$2.50					
13 TOTAL PAYMENTS: TO PROVIDER \$35.50		14 TO PATIENT \$0.00					

REMARKS/CODES:
 1/322: 1/356: REMINDER - MAIL CLAIMS TO: CHAMPVA, PO BOX 469064, DENVER, CO 80246-9064
 1/371: WHEN RESUBMITTING CLAIMS YOU MUST ATTACH THE CHAMPVA EOB FOR PROPER PROCESSING.
 1/382: AS OF 09/27/10 MEDICARE PART A & B EDI CLAIMS WILL BE FORWARDED TO CHAMPVA.
 1/383: MEDICARE HEALTH INSURANCE CLAIM NUMBER MUST BE ON FILE AT THE HAC TO FORWARD CLAIMS.
 65: DUPLICATE CLAIM - PREVIOUSLY PROCESSED AS AEL9451
 HV123456789



- 1 DEDUCTIBLE:** The amounts you have paid toward your annual deductible.
- 2 CAT CAP ACCRUAL:** The amounts you have paid toward your annual catastrophic cap, up to \$3,000 per calendar year.
- 3 PAYMENT INFORMATION:** Indicates who the payment was sent to, if any, and the method of payment for reference.
- 4 CONTROL NUMBER:** The CHAMPVA claim specific identifier. This number is needed to look up the specific claim in our system.
- 5 DATES OF SERVICE (DOS):** The day or range of days the physician or hospital provided the service.
- 6 DESCRIPTION OF SERVICE:** A description of the type of service rendered; e.g., office visit, immunization, etc., or the drug or durable medical equipment purchased.
- 7 AMOUNT BILLED:** The amount your physician or the hospital charged the health insurance plan for providing services to you or your covered dependents.
- 8 AMOUNT ALLOWED:** This is the maximum dollar amount that CHAMPVA will reimburse a provider for a procedure, drug or service. (You may owe a portion of this amount.)
- 9 AMOUNT NOT COVERED:** The portion of the physician or hospital charge that is NOT covered or eligible for payment by your health insurance plan.
- 10 REMARKS/CODES:** Codes associated with the description of service. A code in this column relates to the narrative description at the bottom of the EOB.
- 11 OHI:** The amount paid by other health insurance toward the amount billed, including adjustments applied as a result of agreements between the provider and the OHI.
- 12 COST SHARE:** The amount you are required to pay to the provider unless there is OHI.
- 13 TOTAL PAYMENTS: TO PROVIDER:** The amount CHAMPVA has paid the provider or hospital on your behalf.
- 14 TOTAL PAYMENTS: TO PATIENT:** The amount of money CHAMPVA has paid you, the beneficiary.

Explanation of Benefits GLOSSARY

Beneficiary: CHAMPVA-eligible child, spouse or widow(er). A beneficiary may be referred to as a dependent or patient.

Catastrophic (CAT) Cap: A limit set by your insurance policy on the amount of out-of-pocket expenses you will pay before the insurance begins picking up the entire cost.

CHAMPVA: The Civilian Health and Medical Program of the Department of Veterans Affairs.

Deductible: The amount you need to pay each year before your plan starts paying benefits. You meet your deductible by using the money in your health care account, then your own money.

Durable Medical Equipment (DME): Medical equipment used in the course of treatment or home care, including items such as crutches, knee braces, wheelchairs, hospital beds, prostheses, etc. Health coverage levels for DME often differ from coverage levels for office visits and other medical services.

Explanation of Benefits (EOB): A form that provides the details of what medical costs were paid and the amount of payment.

VHA CC: Veterans Health Administration Office of Community Care. VHA CC administers the CHAMPVA program.

OHI: Other health insurance.

What is an EOB?

An Explanation of Benefits (EOB) is a primary method of communication between health insurance carriers and their customers. It provides a clear and simple summary of information about recent health care charges and benefit plan payments.

The primary account holder will receive an EOB after a claim has been filed for health care services received. The EOB lists the details of the services received and the amount you may be billed. It contains the following information:

- Amount billed by the provider
- Amount allowed by CHAMPVA
- Amount not covered
- Amount paid by other health insurance plan or program
- Annual catastrophic cap accrual
- Beneficiary and family deductible accrual
- CHAMPVA payment(s)
- Date(s) of service
- Description of service
- Provider name
- Remarks

When a provider files a claim, the EOB is sent to both you and the provider. When you file a claim, the EOB is sent only to you. When your health care service is received through a VA source (such as Meds by Mail or CITI), an EOB is not sent to you.

Customer Service

We are committed to getting you accurate and timely information about your benefits and giving you a variety of ways to obtain the needed information. If this brochure doesn't provide you with the answers to your questions or the information you need, the following sources may be of use to you.

Internet

Information is available on the VHA Office of Community Care website, <http://www.va.gov/purchasedcare/index.asp>, 24 hours a day, seven days a week.

Interactive voice response system

Phone Toll Free: 1-800-733-8387

Hours of Availability: 24 hours a day, seven days a week

E-mail

Go to the following Web link, <http://www.va.gov/purchasedcare/aboutus/contacts.asp>, and follow the directions for submitting e-mail via IRIS.

Typically, you will receive a response to your question within one working day. To protect your privacy, we recommend that you do not include sensitive or personal information in the message. We do ask that you include your full name in the body of the message. We will not return information containing personal identifiers or medical information on e-mail. If you are requesting that type of information, we will call you or send the information through regular mail.

Mail

VHA Office of Community Care
CHAMPVA
PO Box 469063
Denver CO 80246-9063

Where to get forms and publications

Forms and publications are available to you through the customer service options identified above. When you use any of these options, make sure you provide your name and address.

Note: To view and print forms, you must have Adobe Acrobat Reader, version 9.0. This is available to download for free from our website if you do not currently have it loaded on your computer.