

Explanation of Payment

Nursing Facility Explanation of Payment (EOP) Guide



The EOP example below displays information for educational reference only.

Run Date: 7/10/2017 Page 1 of 1

PAY TO:
ABC MEDICAL COMPANY
1234 SUPERIOR DRIVE
CORPUS CHRISTI, TX 78787

EXPLANATION OF PAYMENT
Superior HealthPlan
5900 E. Ben White Blvd.
Austin, TX 78741
1-877-391-5921

Payment Date: 7/10/2017
Payment #: 0123456789
Payment Amt: \$1,800.00

Payee ID: P10000123456
IRS#: 746075588

Insured Name: Smith, John Mbr No: 123456789 MRN: 000000012345 Claim/Ctrl No: P123TXE45678
 Patient Name: Smith, John SvcProv No: P10000000000 Carrier: LL PatCtrl No: 0001
 Servicing Provider: SUPERIOR NURSING FACILITY NPI: 1234567890 Group: STAR PLUS - NUCES RUG Level: PB1

Serv	Date	Proc #	Modifiers	Days/Ct/Qty	Charged/Allowed	Deduct	CoPay	Coinsur	Discount/Interest	Med Allow / Med Paid	Third Party Payer	Denied	EXPL Codes	Payment/Withheld
0100	6/1/2017-6/30/2017	0100		30.00	\$4,500.00 \$3,000.00	\$0.00	\$0.00	\$1,200.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00	92 WO	\$1,800.00 \$0.00
Sub-total					\$4,500.00 \$3,000.00	\$0.00	\$0.00	\$1,200.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,800.00 \$0.00
Total					\$4,500.00 \$3,000.00	\$0.00	\$0.00	\$1,200.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00	\$0.00		\$1,800.00 \$0.00

Explanation Code	Description
92	PAID IN FULL
WO	MEMBER COPAY

Field	Description
A	Insured Name / Patient Name
B	Servicing Provider
C	Mbr No
D	SvcProv No
E	NPI
F	MRN
G	Carrier
H	Claim/Ctrl No
I	PatCtrl No
J	Group
K	RUG Level
L	Serv
M	Date
N	Proc #
O	Modifiers
P	Days/Ct/Qty
Q	Charged

Field	Description
R	Allowed
S	Deduct
T	CoPay
U	Coinsur
V	Discount
W	Interest
X	Med Allow
Y	Med Paid
Z	Third Party Payer
AA	Denied
BB	EXPL Codes
CC	Payment
DD	Withheld
EE	Sub-total
FF	Total
GG	Explanation Code/Description

*When applicable