

How to find your Explanation of Benefits (EOB) from United Health Care


1. Go to <https://www.myuhc.com>
 2. You will need your United Health ID card when you register
 3. Once you have a username and password...you need to remember these for future use
 4. Below is the home screen for myuhc.com
 5. Click on "View My Claims"
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HOME PAGE

What would you like to do today?



Claim Summary

Not seeing a claim? [Learn more](#)  about how claims are paid.

Patient:

Use the down arrow to click on the patient's name

Status:

Date(s) of Service:

Use the down arrow to click on the date of service

Sort By:

CLAIM SUMMARY PAGE

6. Click the More Details link

Patient	Details	Status	Billed Amount	Applied to Deductible	Paid by Plan	Patient Responsibility	Already Paid*
Jane Doe	Date of Service: 07/01/2011 Conway Regional Medical *** More Details ***	Processed 07/08/2011	\$1,519.62	\$0.00	\$642.00	\$160.50	Paid at Visit \$0.00

CLAIM DETAIL PAGE

7. Click on Explanation of Benefits (EOB)

Claim Detail

[Back to Claim Summary](#)

Patient: Jane Doe Facility/Physician: Conway Regional
Date of Service: 07/01/2011 Status: Processed 07/08/2011
Claim Number: 2908618437 Date Received: 07/08/2011

Download [Explanation of Benefits \(EOB\)](#) ***

[View Claim History](#)

Remark Code	Description	Date of Service	Billed Amount	Network Discount	Applied to Deductible	Paid by Plan	Patient Responsibility
D2*	Op Misc. Services		\$1,519.62	\$717.12	\$0.00	\$642.00	<u>Coinsurance</u> \$160.50

Amount You May Owe \$160.50

EXPLANATION OF BENEFITS (EOB) PAGE

8. The example below is the Explanation of Benefits (EOB). The amount on the EOB you are looking for is circled. Remember, any amount over \$500, you will be reimbursed by Gap up to \$500.

SL-06466*01*024946-EO-11196-60411-AFJ 119YM
CFEB02-880817

UNITEDHEALTHCARE INSURANCE COMPANY
SPRINGFIELD SERVICE CENTER
P O BOX 740800
ATLANTA, GA 30374-0800
PHONE: 1-800-842-4184
VISIT WWW.MYUHC.COM FOR SELF SERVICE

UnitedHealthcare
A UnitedHealth Group Company

PAGE: 1 OF 8
DATE: 07/15/11
SSN/ID #: A 801338390
EMPLOYEE:
CONTRACT: 0708804
BENEFIT PLAN: UNIVERSITY OF CENTRAL ARKANSAS

Jane Doe
123 Main St.
Conway, AR 72034

EXPLANATION OF BENEFITS

SERVICE DETAIL

Jane 0994881101	EE T WYRICK	02/09/11	1891.00	715.10	80%	572.08*	22
	SURGERY	02/09/11	1102.00	264.88	80%	211.78*	EC
	SURGERY	02/09/11	179.00	39.28	80%	31.43*	EC
	SURGERY			1019.07		815.26	D1
	TOTAL		3212.00				
						PLAN PAYS	815.28
						** PATIENT PAYS	203.81

(*) INDICATES PAYMENT ASSIGNED TO PROVIDER

** DEFINITION: "PATIENT PAYS" IS THE AMOUNT, IF ANY, OWED YOUR PROVIDER. THIS MAY INCLUDE AMOUNTS ALREADY PAID TO YOUR PROVIDER AT TIME OF SERVICE.

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"

(22) WE HAVE RECEIVED MORE INFORMATION AND RECONSIDERED THESE CHARGES.

(EC) WE HAVE APPLIED THE MAXIMUM ALLOWED EXPENSE FOR THE PRIMARY PROCEDURE. STANDARD PAYMENT ADJUSTMENT (OR REDUCTION) RULES FOR MULTIPLE PROCEDURES HAVE BEEN APPLIED FOR THIS PROCEDURE.

(D1) THANK YOU FOR USING A NETWORK PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL. WE HAVE APPLIED THE CONTRACTED FEE. THE PATIENT IS NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED BY THE PHYSICIAN OR HEALTH CARE PROFESSIONAL AND THE AMOUNT ALLOWED BY THE CONTRACT, EXCEPT IN SITUATIONS WHERE THERE IS AN ANNUAL BENEFIT MAXIMUM FOR THIS SERVICE. THE PATIENT IS ALSO RESPONSIBLE FOR ANY COPAY, DEDUCTIBLE AND COINSURANCE AMOUNTS.

T WYRICK	\$815.26
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Family Jane Doe	EE	\$1000.00	\$887.48	\$162.38	\$0.00	
		\$1000.00	\$887.48	\$162.38	\$0.00	
PLAN YEAR 2011	FAMILY INDIV	\$2000.00 \$1000.00	FAMILY INDIV	\$4000.00 \$2000.00	FAMILY INDIV	\$20000.00 \$10000.00