


Explanation of Benefits (EOB) Form Compliance with the Thomas Settlement

The Thomas Settlement requires certain information to be provided on the member Explanation of Benefits (EOB) form. Blue Cross and Blue Shield of North Carolina (BCBSNC) already provided most of this information on the EOB, but recently added or changed a few components for Blue Advantage®, Blue OptionsSM, Blue Care®, Classic Blue®, and NC SmartChoice PPO members. This sample EOB highlights items related to the Thomas Settlement. **Blue** squares indicate Thomas requirements BCBSNC already provided on the EOB. **Red** squares indicate information added to comply with Thomas.



**BlueCrossBlueShield
of North Carolina**
An Independent Licensee of the
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EXPLANATION OF BENEFITS

THIS IS NOT A BILL

Telephone contact information displays here. The address for written inquiries is on the back of the EOB as shown below.

Subscriber's Name: _____ **ID Number:** _____
(Please refer to this number if you have a question)

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Date: January 15, 2008

If you have any questions, please call Customer Service at 1-877-258-3334, Monday – Friday, 8:00a.m. – 6:00 p.m.

| Patient's Name: _____ (member) | ID Number: _____ | BLUE OPTIONS | | | Explanation of Your Balance |
|--|-------------------|-----------------------------|-----------------------------|---------------------------------------|-----------------------------|
| Service Provider Claim ID Date of Service/Type of Service | Amount of Bill | Amount You Do Not Owe | Amount Paid By BCBSNC | Amount Provider May Bill You | Explanation of Your Balance |
| JOHN W. SMITH* Claim ID 01-05-2008 OFFICE VISIT | | | To Subscriber | | Copayment |
| JOHN W. SMITH* Claim ID 01-05-2008 LABORATORY CLAIM TOTAL: | | | | | |

The title of this column has changed from "Your Balance," to better describe this as an amount the provider is entitled to collect from the member.

*BCBSNC makes payment directly to you for services rendered by non-participating providers. You are responsible for paying the non-participating provider's invoices or bills.


A new statement was added here to provide an explanation message when payment is made directly to the member for services rendered by a non-participating physician.

Customer Service Department
Blue Cross and Blue Shields of North Carolina
Post Office Box 2291
Durham, NC 27702-2291

The customer service address is located on the **back** of the EOB.

Please save this form for your tax records. Your balance may not reflect any prior payments made by you or another insurance company.

favor llame a Servicio al Cliente al 1-877-258-3334, Lunes-Viernes, 8:00 am – 6:00 pm



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The patient's full name and full ID number display here.

The title of this column was updated to include the provider, claim id, date of service, and type of service.

The Date of Service displays here.

Telephone contact information displays here. The address for written inquiries is on the back of the EOB as shown below.

The title of this column has changed from "Your Balance," to better describe this as an amount the provider is entitled to collect from the member.

A new statement was added here to provide an explanation message when payment is made directly to the member for services rendered by a non-participating physician.

The customer service address is located on the **back** of the EOB.