



## **Understanding Your Claim**

**Adjudicated Claim:** This is when a claim is submitted to your insurance carrier, and they process it. This can be an explanation of payment or denial.

**Amount paid:** The part of the EOB that has been paid by the insurance company.

**Allowed charges:** The part of the EOB that the insurance company approved to be paid.

**Capitation accounts:** This is the part of the EOB that explains if your plan is capitated to a specific laboratory.

**Capitated:** The insurance carrier has a contract with a specific provider and pays a flat fee for each patient. These are usually HMO or Managed Care Organizations.

**Claim number/ICN:** The insurance company gives each claim a number. (ICN stands for Insurance Claim Number)

**Coinsurance:** The part of the bill that must be paid by the patient. This is usually a percentage of the total allowed charges.

**Coordination of benefits (COB):** This is when you have a primary and a secondary insurance. The primary payer pays up to the limit of your coverage under that plan. The remainder will need to be billed to the secondary payer.

**Copay:** Part of the EOB that MUST be paid by the patient. This is an arrangement in which you the policyholder will need to pay a portion of the medical expense.

**Date of service:** This is the date that the laboratory services were provided.

**Deductible:** The amount you pay for covered services before your insurance starts to pay. This is usually a year and begins when your plan begins/renews.

**EOB (Explanation of Benefit) sometimes called (EOP) Explanation of Payment:** This is the name for the document you receive in the mail from your insurance carrier when they adjudicate a claim.

**In-network:** This is when your insured has partnered with ADL to provide services with you.

**Non-covered:** This is a service that is NOT included in your insurance coverage and must be paid by you. Sometimes a claim can be processed incorrectly please contact ADL to discuss if you should have any questions.

**Patient responsibility:** Part of the EOB that explains what portion you the patient are responsible to pay. Examples of this are not covered services, co-pays, deductibles, or some part of the balance due. and any part of the balance

**Preferred or in network lab:** Part of the EOB which explains that we are not in-network with your insurance plan. Your insurance company has selected specific laboratories. To receive laboratory benefits thru your insurance you need to use your capitated or in-network lab. ADL received your sample from your healthcare provider. Please contact ADL to discuss.

**Service code:** This is the testing that was provided. In some cases, you may not see a description only a CPT code. If you should have any questions, please contact ADL.

**Submitted charges:** The amount ADL billed you or your insurance company for each service provided.

**Usual and Customary Charge (UCR):** Part of the EOB that defines the charges that are over what the insurance company pays for each service. If ADL is in network with that provider, we accept the allowed amount. If ADL is out of network with that provider, you may receive a bill.