

MedCost Network EOB Checklist



MEDCOST NETWORK EOB REQUIREMENTS:

- Employer / Group Indicator (**Name and/or Number**)
- Patient Name
- Claims Administrator Name, Address and Phone #
- MedCost must be identified as PPO network somewhere on the EOB
- From Date and To Date - Indicating the service date range covered by the claim
- Actual Charges billed by PPO provider
- Negotiated amount approved by MedCost
- Charges or portion of charges not covered or excluded due to policy restrictions
- Coinsurance levels and/or deductibles applied should be identified
- Amount paid on claim
- Remarks section should indicate that benefits/payment is based on negotiated rate and/or specifically indicate why payment is not being made. If additional information is needed to make payment determination, this section should identify what information is needed.
- EOB sent to provider on non-payment claims

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- Write off should be clearly identified.
 - MedCost 's preferred wording to appear on the EOB
Preferred Wording: *“MedCost predetermined rate. Participant is not liable for discounted amount.”*

EOB should be sent to provider with check.