


You may receive an **Explanation of Benefits (EOB)** from University Community Care Plan (UCCP) by Community First after your visit with a provider. It will show you the total charges for your visit and how much you and your health plan owe. **An EOB is NOT A BILL.** You can use it to track how you and your family use your coverage. You may get a separate bill from your provider.

Here's a sample of what your UCCP Explanation of Benefits might look like.

Community First Insurance Plans  
12238 Silicon Dr.  
Suite 100  
San Antonio, TX 78249

Member Name  
Member Address.  
Member City, State, Zip code



Page 2 of 2

**1** Have more questions about your claim? Please contact Customer Service toll-free at 800-434-2347, or visit us online at: [www.CommunityFirstHealthPlans.com](http://www.CommunityFirstHealthPlans.com)

THIS IS NOT A BILL  
This is an Explanation of Benefits

RUN DATE: 06/24/2023  
PAYMENT AMT: \$2,181.76

BC02

<b>Patient Name:</b> Member Name <b>2</b>					<b>Patient Account No:</b> E203449760 <b>6</b>						
<b>Service Provider:</b> Provider Name					<b>Service Provider:</b> 23144E04914A1						
<b>3</b>	<b>DATE OF SERVICE</b>	<b>SERVICE DESCRIPTION</b>	<b>SUBMITTED CHARGES</b>	<b>ALLOWED CHARGES</b>	<b>DENIED</b>	<b>COPAY</b>	<b>DEDUCTIBLE</b>	<b>COINSURANCE</b>	<b>OTHER INSURANCE</b>	<b>PAYMENT</b>	<b>EXPLAIN CODE</b> <b>8</b>
	5/17/23	CYTOPATH CONCENTRATE TECH	\$65.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	CO16 MA120
	<b>TOTALS</b>		\$65.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Member Responsibility</b>									\$0.00	<b>7</b>

**Account Summary:**  
Your total out of pocket to date is \$48.00

- 1. Phone Number**  
Call Member Services if you have questions about your EOB or the services/benefits your coverage includes.
- 2. Service Provider**  
is the provider or facility who delivered your health care services and will be reimbursed if the claim is overpaid.
- 3. Service Description**  
shows the health services you received, like a doctor's visit, lab test, or screening.
- 4. Submitted Charges**  
is the amount your provider billed for your visit.
- 5. Allowed Charges**  
is the amount your provider will be paid. This may not be the same amount that the provider charges.
- 6. Payment**  
is the amount your health plan will pay to your provider.
- 7. Member Responsibility**  
is the amount you owe after your insurer has paid everything else. You may have already paid part of this amount. Payments already made directly to your provider may not have been deducted from this amount.
- 8. Explain Code**  
is a note from your health plan that explains more about the costs, charges, and paid amounts for your visit.

**Important Reminder**

Pay your bills and keep all paperwork in a safe place. Some providers will not see you if you have unpaid bills. You may be able to pay your bills online or over the phone. This can vary depending on your health plan and coverage.

**Appeals**


If you disagree with decision from your health plan about coverage or payment, you may be able to appeal. If you think you were charged for tests or services your plan should pay for, keep the bill. Call Community First Member Services right away.

Es posible que reciba una **explicación de beneficios (EOB)** de Plan University Community Care (UCCP) de Community First después de su visita con un proveedor. Le mostrará los cargos totales de su visita y cuánto debe usted y su plan de salud. **Una EOB NO ES UNA FACTURA.** Puede usarla para hacer un seguimiento de cómo usted y su familia usan su cobertura. Es posible que reciba una factura por separado de su proveedor.

**A continuación, se muestra un ejemplo de cómo podría lucir su explicación de beneficios de UCCP.**

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Suite 100  
San Antonio, TX 78249

Member Name  
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**1. Número de teléfono**

Llame a Servicios para miembros si tiene preguntas sobre su EOB o los servicios/beneficios que incluye su cobertura.

**2. Proveedor de servicios**

Es el proveedor o centro que le brindó sus servicios de atención médica y que recibirá un reembolso si la reclamación se paga en exceso.

**3. Descripción del servicio**

Muestra los servicios de salud que recibió, como una visita al médico, un análisis de laboratorio o una evaluación.

**4. Cargos enviados**

Es el monto que su proveedor facturó por su visita.

**5. Cargos permitidos**

Es el monto que se le pagará a su proveedor. Es posible que este no sea el mismo monto que cobra el proveedor.

**6. Pago**

Es el monto que su plan de salud le pagará a su proveedor.

**7. Responsabilidad del miembro**

Es el monto que debe después de que su aseguradora haya pagado todo lo demás. Es posible que ya haya pagado parte de este monto. Es posible que los pagos ya realizados directamente a su proveedor no se hayan deducido de este monto.

**8. El código de explicación**

El código de explicación es una nota de su plan de salud que explica más sobre los costos, cargos y montos pagados por su visita.

**Recordatorio importante**

Pague sus facturas y guarde todos los documentos en un lugar seguro. Algunos proveedores no lo atenderán si tiene facturas pendientes de pago. Es posible que pueda pagar sus facturas en línea o por teléfono. Esto puede variar según su plan de salud y cobertura.

**Apelaciones**

Si no está de acuerdo con la decisión de su plan de salud sobre la cobertura o el pago, es posible que pueda apelar. Si cree que le cobraron por pruebas o servicios que su plan debería pagar, guarde la factura. Llame a Servicios para miembros de Community First de inmediato.