 

**EXPLANATION OF BILL REVIEW (EOBR)**



|  |  |  |  |
| --- | --- | --- | --- |
| Patient: | <PatientName> | Process Date: | <process\_date> |
| DOB: | <dob> | EOBR Control Number: | <order\_no> |
| Provider Ref: | <provider\_ref> | Date of lnjury: | <doi> |
|  |  |  |  |

|  |  |
| --- | --- |
| Provider Tax ID: | <TIN> |
| NPI Number: | <NPI> |

|  |
| --- |
| <billing\_name> |
| <billing\_address1> <billing\_address2> |
| <billing\_city>, <billing\_state> <billing\_zip> |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DOS** | **PLOS** | **CODE** | **MODIFIER** | **UNIT(S)** | **CHARGE** | **ALLOWED** | **PAID** | **REASONS** |
| <dos1> | <pos1> | <cpt1> | <modifier1> | <units1> | <charge1> | <alwd1> | <paid1> | <code1> |
| <dos2> | <pos2> | <cpt2> | <modifier2> | <units2> | <charge2> | <alwd2> | <paid2> | <code2> |
| <dos3> | <pos3> | <cpt3> | <modifier3> | <units3> | <charge3> | <alwd3> | <paid3> | <code3> |
| <dos4> | <pos4> | <cpt4> | <modifier4> | <units4> | <charge4> | <alwd4> | <paid4> | <code4> |
| <dos5> | <pos5> | <cpt5> | <modifier5> | <units5> | <charge5> | <alwd5> | <paid5> | <code5> |
| <dos6> | <pos6> | <cpt6> | <modifier6> | <units6> | <charge6> | <alwd6> | <paid6> | <code6> |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **Total Paid:** | **<total\_paid>** |  |
|  |  |  |  |  |  |  |  |



**EOBR Code Description**

85 Payment adjusted: no modification to the information provided on the medical bill. Payment made pursuant to a letter of agreement between the health care provider and the carrier for a specific date of service or procedure.

**Clarity dx Explanation Reason Code**

125

Payment Adjusted: Recommended Allowance based on Negotiated / Contracted Rate



# HEALTH CARE PROVIDERS SHALL NOT BILL THE INJURED WORKER FOR SERVICES RENDERED FOR A COMPENSABLE WORK-RELATED INJURY EXCEPT WHEN IT IS TO COLLECT A CO- PAYMENT FEE OR WHEN APPORTIONING OUT THE PERCENTAGE OF NEED FOR THE CARE ATTRIBUTABLE TO A PRE-EXISTING CONDITION.

Unless otherwise stated, reimbursement has been made in accordance with the Workers' Compensation Health Care Reimbursement. Any reduction is due to the billed charges exceeding the maximum reimbursement allowance for the service provided and/or the application of the appropriate discounts based on the individual provider's agreement with the preferred provider organization.

The health care provider may elect to contest the disallowance or adjustment of payment. The election to contest the disallowance or adjustment of payment must be made by the health care provider within forty-five (45} days of receipt of the EOBR or notice of disallowance or adjustment of payment. Please direct all inquires to Clarity dx, Inc. PO Box 542036, Orlando, FL 32854 