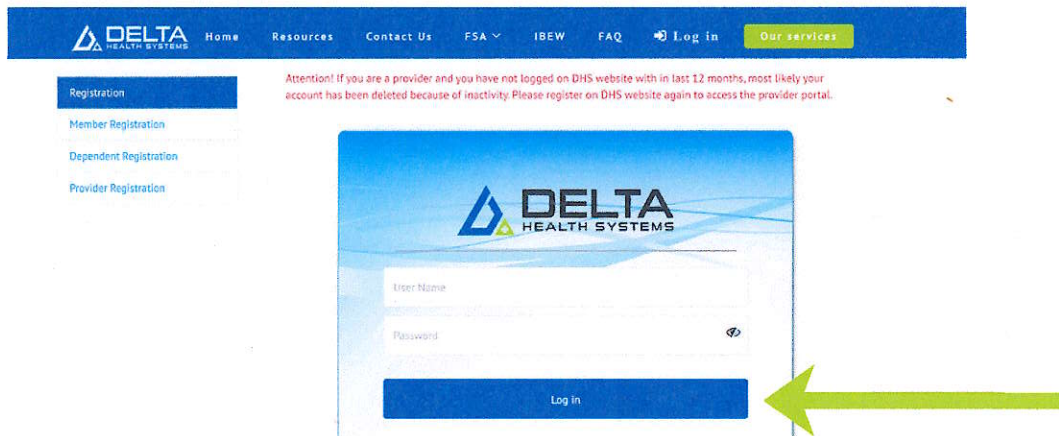


How to View an EOB

Easy Access Instructions

1. Go to www.deltahealthsystems.com
2. Select **Member** on the top tool bar, then select Click Here to Login or Register
 Covered employees: register as a "Member"
 Covered dependents age 18 or older: register as a "Dependent"
3. To register, complete the required fields and click Submit.



Registration

- Member Registration
- Dependent Registration
- Provider Registration

Attention! If you are a provider and you have not logged on DHS website with in last 12 months, most likely your account has been deleted because of inactivity. Please register on DHS website again to access the provider portal.

DELTA HEALTH SYSTEMS

User Name

Password

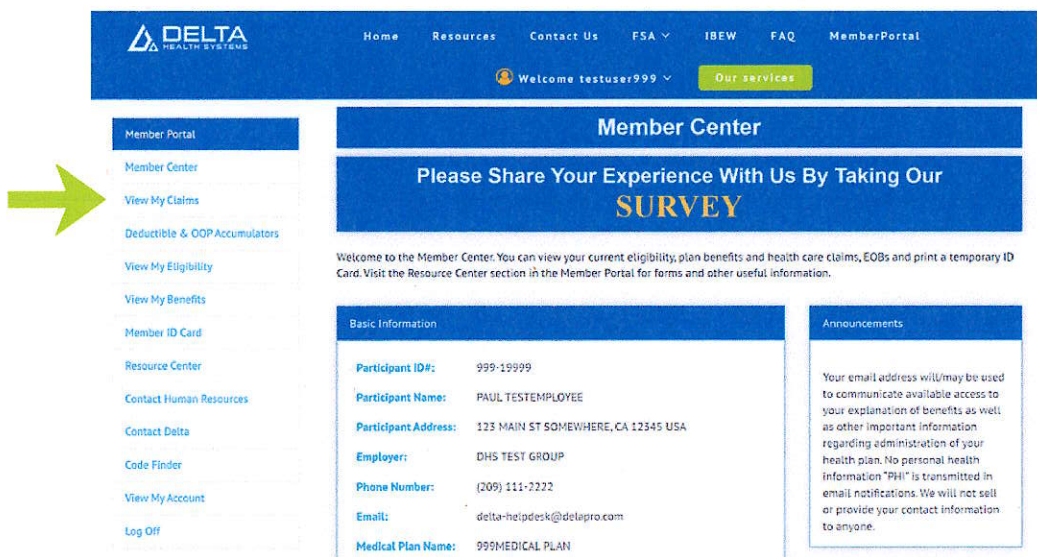
Log in

4. When you return to www.deltahealthsystems.com, select Member and enter your **User Name** and **Password**.

Important: Registration information is case sensitive.

How to View EOBs

1. In the Member Center, click **View My Claims**.



DELTA HEALTH SYSTEMS

Home Resources Contact Us FSA IBEW FAQ MemberPortal

Welcome testuser999

Our services

Member Portal

- Member Center
- View My Claims
- Deductible & OOP Accumulators
- View My Eligibility
- View My Benefits
- Member ID Card
- Resource Center
- Contact Human Resources
- Contact Delta
- Code Finder
- View My Account
- Log Off

Member Center

Please Share Your Experience With Us By Taking Our **SURVEY**

Welcome to the Member Center. You can view your current eligibility, plan benefits and health care claims, EOBs and print a temporary ID Card. Visit the Resource Center section in the Member Portal for forms and other useful information.

Basic Information

Participant ID#:	999-19999
Participant Name:	PAUL TESTEMPLOYEE
Participant Address:	123 MAIN ST SOMEWHERE, CA 12345 USA
Employer:	DHS TEST GROUP
Phone Number:	(209) 111-2222
Email:	delta-helpdesk@delapro.com
Medical Plan Name:	999MEDICAL PLAN

Announcements

Your email address will/may be used to communicate available access to your explanation of benefits as well as other important information regarding administration of your health plan. No personal health information "PHI" is transmitted in email notifications. We will not sell or provide your contact information to anyone.

2. Find the claim you want to view and in the Status column, click on Processed.

Claims Note

To view a participant's claims, click on Select Participant. Once you choose a name, a summary table will display a list of claims. To view details about a particular claim, click on the 'Claim number link' at the beginning of each row in the summary table.

* Negative number indicates valid or refund.
 ** If you disagree with the payment of this claim or have information that could change our decision, please contact Delta Health Systems at the number listed on the ID card within 60 days from the date the claim was processed.
 *** 2 years of Medical and 5 years of Dental claims are available on website.

Important: Please contact Delta Health Systems to update your Coordination of Benefits (COB) by talking to a customer service representative. Your claims will be denied after ninety (90) days from the date the original COB questionnaire was mailed to you. Please do not ignore our request for COB to eliminate the delay in processing of your claims.

Claim Search

Participant ID: 999-10099
 Select Participant: TESTEMPLOYEE, PAUL
 Select Claim Status: All
 Select Claim Type: All
 Select Date of Service Year: All

Claims Search Result

View an EOB about a particular processed claim click on the "Processed Status link" at the end of the row in the summary table. Where "In-Network" and "Out-of-Network" are indicated.

Please click here to view your Deductible and Out-Of-Pocket totals. [Export Claims to Excel](#)

Claim Number	Claim Type	Date Of Service	Provider Name	Billed	Plan Pays	Patient Pays	Status
99992071009	M	1/23/2025	JAMES F LEE MD	\$ 300.50	\$ 0.00	\$ 240.20	Processed as IN
99991071009	M	1/24/2025	JAMES F LEE MD	\$ 300.50	\$ 0.00	\$ 240.20	Processed as IN

A message will pop up asking if you want to open or save the file. Click Open and a PDF of your EOB will open which you can print or save to your computer.



Forwarding Service Requested

Paul Testcase
 1234 W. Oak Street
 Stockton, CA 95203

Explanation of Benefits

RETAIN FOR TAX PURPOSES
 THIS IS NOT A BILL

Customer Service

DELTA HEALTH SYSTEMS
 ADMINISTRATION SERVICES
 CUSTOMER SERVICE PHONE #
 800-601-2443

Paid Date: 11/20/2025
 Check #: 123456

If you disagree with the payment of this claim or have information that could change our decision, please contact Delta Health Systems within 60 days.

Log into deltahealthsystems.com to select an option to discontinue paper EOB's. Select "View My Claims" to suppress paper and begin receiving your electronic EOB's.

Claim #: Check #: 123456 Provider: Fand
 Patient: Group ID #: Zia

Dates of Service	Type of Service	Amount Billed	Not Covered	Reason Code	Discount Amount	Disallowed Amount	Deductible Amount	Copay Amount	Covered Amount	% Paid	Plan Payment
01-Nov-2025	Medical Insurance	\$100.00	\$70.00	X100 X01	\$10.00	\$0.00	\$0.00	\$10.00	\$30.00	100%	\$30.00
01-Nov-2025	Medical Insurance	\$100.00	\$90.00	X100 X02	\$10.00	\$0.00	\$0.00	\$10.00	\$10.00	100%	\$27.75
01-Nov-2025	Medical Insurance	\$100.00	\$90.00	X100 X03	\$10.00	\$0.00	\$0.00	\$10.00	\$0.00	100%	\$11.68
01-Nov-2025	Medical Insurance	\$100.00	\$90.00	X100 X04	\$10.00	\$0.00	\$0.00	\$10.00	\$0.00	100%	\$14.70
Claim Totals COB \$0.00		\$100.00	\$90.00		\$20.00	\$0.00	\$0.00	\$10.00	\$0.00		\$64.17

Forgot Your User ID or Password?

Select **Member** on the home page, select [click here](#) to login or register and then click on **Forgot Your Password**. After answering a series of security questions, your password will be reset and set to the email address you used when you originally registered.

Access to Covered Dependent Information

Due to privacy laws, online access to your covered dependents' information varies based on their age:

Up to Age 18: Dependents' healthcare information is available only to the covered employee.

Age 18 and Over: To view their claims and eligibility, dependents must register. Once registered, your dependent has the option to e-sign an authorization release form allowing you as the covered employee to view their personal healthcare information.

Note: The Health Insurance Probability and Accountability Act (HIPAA) regulates privacy for health insurance plans; access requirements may be modified from time to time based on legal requirements.

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB) STATEMENT

An Explanation of Benefits (EOB) statement will be sent to you after you receive services. Your EOB **verifies** that a claim was received, **documents** how a claim was processed, **outlines** the reason(s) why a claim was denied, and **summarizes** the amount paid by the plan, what portion the patient is responsible for paying, if any, and the amount the provider will need to either write off if the services were provided in-network or attempt to collect if the services were provided out-of-network.

SAMPLE EOB

See the back of this sheet for detailed descriptions of each of the numbered fields in blue circles below.

SAMPLE Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

JOHN SMITH
100 MAIN STREET
LAFAYETTE, CA 94549

Customer Service

DELTA HEALTH SYSTEMS
ADMINISTRATION SERVICES
CUSTOMER SERVICE PHONE#
(800) 291-0726

Sent to: JOHN SMITH

Date: 1/25/2022

Group ID #: 000

If you disagree with the payment of this claim or have information that could change our decision, please contact Delta Health Systems within 60 days.

For the Service Period: 12/24/2021 through 01/13/2022

3	4	5	6	7	8	9	10	11	12
2	Claim #: 11111-222222	Relationship: Self	Provider: HOMETOWN CLINIC	Patient: JOHN SMITH					
Dates of Service	Type of Service	Billed Amount	Allowed Amount	Reason Code	Deductible Amount	Copay Amount	% Paid	Plan Payment	Patient Responsibility
01/13/2022	Office Care	\$125.00	\$96.31	1	\$0.00	\$0.00	80%	\$77.05	\$19.26
	C.O.B.	\$0.00	\$125.00		\$0.00	\$0.00		\$77.05	\$19.26
14	Patient's Responsibility:	\$19.26	15	Paid Amount:	\$77.05				

Total Amount Billed

\$125.00

This is the total amount billed for the dates of service of 12/24/2021 thru 01/13/2022.

Total Amount Paid By Plan

\$77.05

This is the amount the plan paid in total for services rendered from 12/24/2021 thru 01/13/2022. Please see the "Claim Summary" section of this document for more information.

Your Financial Responsibility

\$19.26

This is the amount the provider(s) of service *may* bill you after your health plan benefits are paid. Typically a plan participant may be billed by the provider of service because they have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.

16 Explanation of Claims Handling

17 Your Right to Appeal

UNDERSTANDING YOUR EXPLANATION OF BENEFITS (EOB) STATEMENT CONTINUED...

EOB INFORMATION

Below are descriptions of the fields that correspond to the sample EOB on the front of this card:

1. **Group ID Number:** (Also referred to as the HEALTHCARE ID on your ID Card.) This unique number identifies you and your health plan without using any personal information. When contacting Delta Health Systems regarding questions about your EOB, be sure to have this number available to access claim information with ease.
2. **Claim Number:** A number that is generated for each benefit claim made under the health plan. When contacting Delta Health Systems regarding questions about your EOB, be sure to have this number available to access claim information with ease.
3. **Date(s) of Service:** The date care or treatment was received.
4. **Type of Service:** Indicates the types of services that were received (i.e., lab work, office visit, etc.).
5. **Billed Amount:** The amount your provider billed for the services he/she provided.
6. **Allowed Amount:** The amount your plan has agreed to pay for the services received.
7. **Reason Code:** This code corresponds to how a claim was processed; a detailed explanation of the code will be provided in the Explanations of Claims Handling section (Number 16 on the Sample EOB).
8. **Deductible Amount:** This box will show the amount of the claim that has been applied toward satisfying the deductible, if any.
9. **Copay Amount:** The amount of your copay for certain benefits (i.e., office visit, ER, chiropractic, etc.).
10. **%:** Indicates the percentage the plan will pay of the Allowed Amount (Number 6 on the Sample EOB). The percentage will vary depending on the plan you have selected and whether care was received from an in-network or out-of-network provider.
11. **Plan Payment:** The dollar amount the plan will issue to the appropriate party.
12. **Patient Responsibility:** The amount you are responsible for paying to the provider.
13. **C.O.B. Amount (Coordination of Benefits):** The amount paid by "other insurance", if any.
14. **Patient's Responsibility:** This section contains the total amount that the patient is responsible for.
15. **Paid Amount:** This will be the actual payment amount made to the provider or participant.
16. **Explanation of Claims Handling:** This section includes any additional notes or information as to what was covered or not covered.
17. **Your Right to Appeal:** This is the procedure and information needed to file a formal review for any denied claim.

