ADMIN ARCADE

MEDICAL BILL VS EOB CHECK

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Life admin for people who hate it

Put the bill from the doctor next to the Explanation of Benefits from your insurance, **and match them before you pay.** One bill per sheet. Check each step off for a ticket.

THE FIVE STEPS

Check the box when you finish a step

1 GET BOTH PAPERS ☐ The bill and the EOB for the same visit	2 MATCH WHO AND WHEN ☐ First four rows of the grid	3 MATCH THE SERVICES ☐ The services box	4 MATCH WHAT YOU OWE ☐ The red row of the grid	5 PAY IT OR FLAG IT ☐ One of the two boxes at the bottom	TICKETS EARNED ____ / 5 1 per step you finish

STEP 1: WHICH PAPERS DO I HAVE?

Check the one that fits.

☐ **Health insurance from work or HealthCare.gov**
Your plan sends an **Explanation of Benefits (EOB)**. It usually comes before the bill. It isn't a bill.

☐ **A bill but no EOB yet**
Call your plan and ask if the doctor's office sent them a claim. Hold the bill until you know.

☐ **Original Medicare**
Use your **Medicare Summary Notice**. On a Medicare plan, use the statement your plan sends.

☐ **No insurance, or paying cash**
Compare the bill to your **good faith estimate** instead. $400 or more over it can be disputed.

MATCH THEM UP

Copy each line from both papers, then circle whether they match.

WHAT TO CHECK Same visit on both papers	ON THE BILL From the doctor or hospital	ON THE EOB From your insurance	MATCH? Circle one
PATIENT NAME Whose visit it was			YES NO NOT SURE
PROVIDER Who gave the care			YES NO NOT SURE
DATE OF SERVICE The day of the visit, not the bill date			YES NO NOT SURE
CLAIM OR ACCOUNT NUMBER Write it down for any phone call			YES NO NOT SURE
WHAT I OWE Bill: **amount due**. EOB: **what you owe** or patient balance	$	$	YES NO NOT SURE

The rule: the bill shouldn't be higher than what the EOB says you owe. If it is, call the doctor's billing office before you pay.

STEP 3: THE SERVICES

One line per charge on the bill. Circle Y or N in each column.

SERVICE ON THE BILL Short name is fine	ON THE EOB?	I GOT IT?	ONLY ONCE?
	Y N	Y N	Y N
	Y N	Y N	Y N
	Y N	Y N	Y N
	Y N	Y N	Y N
	Y N	Y N	Y N

IT MATCHES: I PAID

DATE PAID _____ AMOUNT PAID _____

PAID HOW _____ CONFIRMATION NUMBER _____

☐ **Bill, EOB and receipt stapled together and filed**

IT DOESN'T MATCH: I FLAGGED IT

Call the billing office and ask for an itemized bill. A denial on the EOB? You have 180 days to appeal it with your plan.

WHO I CALLED, AND DATE _____ NAME AND REFERENCE NUMBER _____

WHAT THEY SAID _____ CHECK BACK BY _____

Not financial, legal or medical billing advice. This sheet helps you compare two papers. Rules came from CMS, HealthCare.gov and the CFPB, Nov. 2026, and can change. Surprise bill? No Surprises Help Desk: 1-800-985-3059. · adminarcade.com