



Understanding Your Bill



A quick reference guide to commonly used billing terms and their definitions.

Allowed Amount: The sum an insurance company will reimburse to cover a healthcare service or procedure. The patient typically pays the remaining balance, if there is any amount left over after the allowed amount has been paid. This amount should not be confused with co-pay or deductibles owed by a patient.

Applied to Deductible (ATD): This term refers to the amount of money a patient owes a provider that goes to paying their yearly deductible. A patient's deductible is determined by their insurance plan and can range in price.

Co-Insurance: The percentage of coverage that a patient is responsible for paying after an insurance company pays the portion agreed upon in a health plan. Co-insurance percentages vary depending on the health plan.

Contractual Adjustment: This refers to a binding agree between a provider, patient, and insurance company wherein the provider agrees to charges that it will write off on behalf of the patient. Contractual adjustments may occur when there is a discrepancy between what a provider charges for healthcare services and what an insurance company has decided to pay for that service.

Co-Pay: A patient's co-pay is the amount that must be paid to a provider before they receive any treatment or services. Co-pays are separate from a deductible, and will vary depending on a person's insurance plan.

Date of Service (DOS): The date when a provider performed healthcare services and procedures.

Deductible: The amount a patient must pay before an insurance carrier starts their healthcare coverage. Deductibles range in price according to terms set in a person's health plan.

Explanation of Benefits (EOB): A document attached to a processed medical claim wherein the insurance company explains the services they will cover for a patient's healthcare treatments. EOBs may also explain what is wrong with a claim if it's denied.

Financial Responsibility: Whoever owes the healthcare provider money has financial responsibility for the services rendered. Insurance companies or patients themselves may be financially responsible for the costs associated with care, and these responsibilities are typically outlined in a healthcare plan contract.

Patient Responsibility: This refers to the amount a patient owes a provider after an insurance company pays for their portion of the medical expenses.

Get Help

If you need help with anything related to your bill, please contact CMH Patient Financial Services. Our office hours are Monday-Friday, 7:30 a.m. to 6 p.m. We can be reached by phone at 503-338-7530 or by email financialcounselor@columbiamemorial.org. You can also speak to a Financial Counselor in person in the lobby of the CMH Health and Wellness Pavilion at 2265 Exchange St., Astoria, Ore.