**Unlock Your Health by Understanding Your TRICARE Explanation of Benefits**

Your TRICARE [explanation of benefits](https://tricare.mil/PatientResources/Claims/MedicalClaims/EOB) is an essential tool for understanding your health claims. An EOB is a statement from your health plan that details what action TRICARE has taken on your claims.

An EOB isn’t a doctor’s bill. But it does tell you what TRICARE has paid—or not paid—on your claim and how much you owe to your provider for your share of the costs, as described in Chapter 8, Section 8 of the *TRICARE Operations Manual*.

**When will I get an EOB?**

You’ll typically receive an EOB after TRICARE processes a [claim](https://tricare.mil/PatientResources/Claims). TRICARE processes a claim when you get civilian health care or dental care or fill a prescription. If you live:

* In the U.S.: You don’t need to file your own claims if you use a network provider. If you see a non-network provider, be prepared to file your own claim.
* Overseas: You may need to [file your own claims](https://newsroom.tricare.mil/News/TRICARE-News/Article/3943222/tricare-claim-form-updated-to-assist-in-processing-overseas-claims) (depending on your TRICARE [health plan](https://www.tricare.mil/Plans/HealthPlans)).

If you’ve had multiple claims in the same month, TRICARE might send you a consolidated statement. You should receive your EOB within six weeks of getting a service by mail or secure message. If you don’t, contact your provider to ensure that the claim processed correctly.

**Medical EOB**

You’ll get a medical EOB when you get healthcare services with TRICARE.

Medical EOBs look slightly different across TRICARE regions, but they all have the same information about services you received. Here are some key sections you should pay attention to when reviewing a medical EOB.

**Information about the claim:**

* **Claims Processor and Regional Contractor:**The [claims processor](https://tricare.mil/PatientResources/ContactUs/ClaimsAddresses) and [regional contractor](https://www.tricare.mil/About/Partners) that handled your claim.
* **Date of Notice:**The date the claims processor prepared your EOB. (If you need to [appeal](https://tricare.mil/appeals) your claim, you must do so within 90 days of this date.)
* **Patient Name:**The person the provider saw or treated
* **Provider:**The provider (individual or facility) who saw or treated the patient
* **Date of Service:** The date or dates the service was provided
* **Claim Number:**A unique number for tracking purposes. (Take note of this if you have a question about your claim.)
* **Service Provided:**Describes the service received. It lists specific procedure codes.

**Information about costs:**

* **Total Patient Responsibility:**The amount you properly owe the provider
* **Benefit Period Summary:**The amount the claims processor applied to your family’s [deductibles](https://tricare.mil/FAQs/General/GEN_Deductibles) and [catastrophic cap](https://tricare.mil/Costs/Cost-Terms/Catastrophic-Cap). (Note: The deductible and catastrophic cap are reset every year.)
* **Amount Other Insurance Paid:**The amount your [other health insurance](https://tricare.mil/ohi) paid, if you have OHI
* **Amount You Paid:**The amount you paid the provider, as noted on the claim
* **Amount Your Provider May Collect from You:**The amount you owe (deductible, copayment, cost-share)
* **Amount TRICARE Paid Your Provider**
* **Amount TRICARE Paid You**
* **Your Provider Charged:**The amount the provider billed TRICARE for a particular service
	+ **Allowed Amount:**The amount TRICARE allows based on the date and location of service and provider status ([network](https://www.tricare.mil/networkproviders), [non-network](https://www.tricare.mil/GettingCare/FindDoctor/AllProviderDirectories/NonNetwork), or non-authorized)
	+ **Amount Not Covered:**The amount TRICARE doesn’t cover
	+ **Copayment and Cost-Share:**The amount you owe

Checking all these details will help you learn which services are included in the EOB and what your remaining costs may be.