Definitions of Terms Used in Claims Process

1. **Remedial / remediate.** Something done to correct or cure something. In this context, a treatment, service, or test you received to help you in response to a condition or conditions possibly, probably, or definitely caused by the defendant.

2. **Compensable / compensation / past compensation.** In this context, money given to the patient (or his or her representative) to make-up for certain economic losses.

3. **Claimant.** The person who files a claim. This can refer to the patient him- or herself or to the patient's authorized representative.

4. **Receipt.** A written acknowledgement of having received a specific amount of money in exchange for a service, treatment, or product.

5. **Under oath.** When someone is under oath, he or she has sworn to tell the truth.

6. **Specialties / AMA specialty codes.** The American Medical Association (AMA) publishes a list of Physician Specialty Codes, which is the standard method in the U.S. for identifying physician and practice specialties.

7. **NPI Number.** A National Provider Identifier or NPI is a unique ten-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services.

8. **Restitution.** Compensation for certain economic losses caused by the defendant's wrongful acts.

9. **Out-of-pocket costs.** The amount of money that the patient paid out of his or her own funds. If a service cost $100, the insurance covered $90 of the cost, and the patient paid $10 of the cost, then the patient incurred $10 of out-of-pocket costs.

10. **Explanation of Benefits (EOB).** Documentation provided by the patient's health insurance company outlining the date of a health care service to a patient, costs for the service billed to the insurance company, amounts paid to the provider by the insurance company, and the amount the patient owes to the health care provider.

11. **Medicare Summary Notice (MSN).** Documentation provided by Medicare outlining the dates of health care services to a patient, costs for the services billed to Medicare, amounts paid to the provider by Medicare, and the amounts the patient owes to the health care provider.