Explanation of benefit Fhir Resource Proposal
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ExplanationOfBenefit

Owning committee name
Financial Management

Contributing or Reviewing Work Groups
- Claims with Attachments
- Patient Administration

FHIR Resource Development Project Insight ID
994

Scope of coverage
The ExplanationOfBenefit resource combines key information from a Claim, a ClaimResponse and optional Account information to inform a patient of the goods and services rendered by a provider and the settlement made under the patient's coverage in respect of that Claim.

RIM scope
New

Resource appropriateness
This is the logical combination of the Claim, Claim Response and some Coverage accounting information in respect of a single payor prepared for consumption by the subscriber and/or patient. It is not simply a series of pointers to referred-to content models, is a physical subset scoped to the adjudication by a single payor which details the services rendered, the amounts to be settled and to whom, and the coverage used and/or remaining.

Expected implementations
This is a key resource expected by most Healthcare billing implementations where Health care products and services are provided.

Content sources
Existing normative V3 and V2 specifications, Canadian Specifications, X12

Example Scenarios

Resource Relationships
Refers to Patient, Practitioner, Organization, Coverage, Referral.

Timelines
Ready for DSTU 2

gForge Users
paulknapp

Issues
May need to be per discipline depending upon the level of Claim details included.