

EOB vs ERA Infographic

Two remittance tools used to understand payer decisions, payments, adjustments, and patient responsibility.

TYPE Infographic

WHO Payment posting learners, billers, AR specialists, and patient billing beginners.

WHEN Use after payer processing when learning how claim outcomes are reviewed and posted.

HOW Compare the readable explanation and electronic remittance file, then look for status, payment, adjustment, denial, and patient responsibility.

Workflow stage: Back-End RCM - remittance review and payment posting

EOB

Readable explanation of benefits often used to understand claim outcome and patient responsibility.

ERA / 835

Electronic remittance file used by billing systems for payment posting and reconciliation.

Shows

Allowed amount, paid amount, adjustments, denial/reason codes, and patient responsibility.

Posting link

Payment posting should match the remittance and account ledger per SOP.

Patient balance

Patient responsibility depends on payer processing, plan rules, and current policy.

Review need

Paid does not always mean finished; check underpayment or mismatch risk when assigned.

COMMON MISTAKE AVOIDED

Avoid posting or explaining balances without matching the correct remittance to the correct account.

NO-PHI REMINDER

Do not use or enter real patient names, dates of birth, insurance IDs, member IDs, claim numbers, medical record numbers, addresses, phone numbers, diagnoses, treatment details, login details, or protected health information. Use fictional data only when practicing.

EDUCATIONAL DISCLAIMER

This resource is for beginner-friendly healthcare admin education only. It is not medical advice, legal advice, coding certification, payer-specific billing authority, a replacement for employer training, or a guarantee of employment. Always verify current requirements with official sources, employer policy, payer rules, client instructions, and updated guidance.

SOURCE / REVIEW NOTE

This beginner resource explains general claim and billing workflow concepts. Requirements can vary by payer, plan, provider type, specialty, place of service, contract, and current policy. Last reviewed: July 2026.