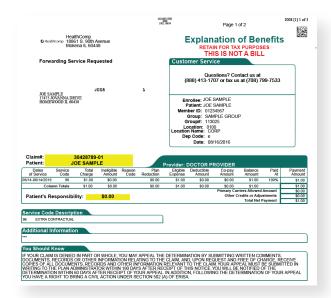


Frequently Asked Questions

Balance Bills



WHAT IS A BALANCE BILL?

A balance bill is when a provider attempts to collect what they view is an outstanding balance for a service provided. For Reference Based Pricing Plans, a balance bill may be sent because the provider feels they are owed more than the plan allowable. For example: A doctor's charge may be \$100, but the plan allowance is \$70. If the provider bills you the \$30 difference, this is the balance bill. If you recieve a bill and are unsure if it is a balance bill, you are able to view your plan maximum and the allowable amount agreed to be paid under your plan on your Explanation of Benefits (EOB). HealthComp should be notified when a balance bill is received.

WHAT IF I RECEIVE A BALANCE BILL?

Before paying anything, contact HealthComp. We will review the bill for accuracy to make sure it is a true balance bill and not attributable to patient responsibility such as copays, deductibles or coinsurance. If, after review, it is determined this is a true balance bill, Zelis (experts in provider billing), will contact the provider on your behalf, work to settle your bill and keep you informed of the status. Do not pay a balance bill while it is in negotiations, as Zelis will no longer be able to negotiate with your provider.

WHAT IF I RECEIVE A SECOND BALANCE BILL?

If you receive a second bill, do not pay it. Contact HealthComp and we will review the bill or update you on the negotiation status with the provider. Providers often send a second bill, even for charges being appealed.

WHAT DO I DO IF THE PROVIDER SENDS A LETTER STATING THEY DO NOT ACCEPT PAYMENT?

Do not panic. This is a normal part of the bill negotiation process. Zelis is working with the provider on payment and will inform you of any status change either by phone or in writing.

WHAT SHOULD I EXPECT WITH THE NEGOTIATION PROCESS?

The negotiation process is often lengthy, sometimes taking four to six weeks from when the bill is received by Zelis. Ensuring this process is managed appropriately helps ensure plan stability and continued low premiums.