



## Frequently Asked Questions

# Balance Bills

3008 (1) 1 of 3  
Page 1 of 2

HealthComp  
10851 S. 90th Avenue  
Mokena IL 60448

Explanation of Benefits  
RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL

Forwarding Service Requested

JOE SAMPLE  
1747 JOYANNA DRIVE  
HOMewood IL 60430

4008 1

Customer Service  
Questions? Contact us at  
(888) 413-1707 or fax us at (708) 799-7533

Enrollee: JOE SAMPLE  
Patient: JOE SAMPLE  
Member ID: 01234567  
Group: 113025  
Location: 0100  
Dep Code: 6  
Date: 08/16/2016

Claim#: 30428789-01  
Patient: JOE SAMPLE

Provider: DOCTOR PROVIDER

Date of Service	Service Code	Total Charge	Intelligible Amount	Reason Code	Plan Reduction	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
08/14-08/14/2016	96	\$1.00	\$0.00		\$0.00	\$1.00	\$0.00	\$0.00	\$1.00	100%	\$1.00
Claims Totals \$1.00 \$0.00 \$0.00 \$1.00 \$0.00 \$0.00 \$1.00											
Patient's Responsibility: \$0.00											
Primary Carriers Allowed Amount \$0.00 Other Credits or Adjustments \$0.00 Total Net Payment \$1.00											

Service Code Description  
96 EXTRA CONTRACTUAL

Additional Information  
\*\*\*

You Should Know  
IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL, YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.

## 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 receive 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.