



Balance Bills

Frequently Asked Questions

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 agreed upon percentage above Medicare reimbursement. 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). Gilsbar should be notified when a balance bill is received.

WHAT IF I RECEIVE A BALANCE BILL?

Before paying anything, contact Gilsbar. 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 there are no outstanding changes, CareValent (experts in provider billing), will contact the provider on your behalf, work to settle your bill and keep you informed of the status. It is important to remember that any balance bill currently being negotiated cannot be sent to collections.

WHAT IF I RECEIVE A SECOND BALANCE

If you receive a second bill, do not pay it. Contact Gilsbar 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. CareValent is working with the provider on payment and will inform you of any status change either by phone or in writing.

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

WHAT SHOULD I EXPECT WITH THE NEGOTIATION PROCESS?

If you are having difficulty getting in touch with CareValent it may be due to active negotiations. Please leave a voice message and CareValent will return your call typically within two business days.

I'M HAVING TROUBLE GETTING CAREVALENT ON THE PHONE. WHAT DO I DO?