



Balance Bills

Your new City of Villa Rica Health Plan utilizes a claim review and audit program that determines the fair and reasonable cost for the medical services you receive. A balance bill occurs when a provider or hospital receives the fair and reasonable payment from your insurance but seeks to collect additional amounts directly from you.

The "balance" sought to be collected against you will match the "discount" determined by your plan as reflected on the Explanation of Benefits (EOB) you receive from HealthSCOPE Benefits, your third-party benefits administrator.

Example

You fall, break an ankle and visit your local emergency room. The ER doctor charges a total of \$1,000 for this visit and submits the claim to your health plan.

Your deductible has not been met, so the EOB you receive from HealthSCOPE Benefits reflects the following:

Total Billed Charges:	\$1,000
Discounted Amount:	\$300
Plan Payment:	\$0
Patient Responsibility:	\$700

You pay the provider the \$700 patient responsibility, but a few weeks later you receive a bill for \$300, the amount that your EOB determined as the discount, or reduction.

This is a balance bill.

What To Do If You Receive a Balance Bill

1. Ensure that you have paid the patient responsibility amount that is reflected on your EOB.
2. Immediately call ClaimDOC to report that you received a balance bill.
3. You will be asked to sign the proper documentation granting ClaimDOC authorization to handle the bill on your behalf. This service is provided to you by your health plan.
4. ClaimDOC will contact the provider (or collection agency) regarding the balance bill.
5. You are not liable for the amount in excess of the patient responsibility. If you continue to receive bills or any other communication regarding the bill, immediately inform ClaimDOC.

1 (800) 530-2105

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