

Balance Bills

Understanding Your Rights

Your health benefits are governed by an ERISA plan document. ERISA is a federal law that provides regulations to protect you as a beneficiary and instruct your Plan Sponsor as to its obligations to protect you and the Plan assets (e.g., your premiums). As part of this Plan Document, the proper reimbursements for medical services you or your family have received as beneficiaries under the plan are specifically defined. It is the Plan's responsibility to pay in accordance to the Plan Document in order to meet its fiduciary responsibilities to you and your family.

In the event a medical service provider does not agree to accept the reimbursement determined by the Plan Document, the Plan takes responsibility for the disputed amount. This is not the responsibility of the patient and the Plan Document specifically states this. This is called a disputed debt and the Plan provides service to you to defend against efforts to collect a disputed debt against you, the member, over the reasonable value of services allowed and paid (also known as the Allowable).

Fair Debt Collection Practices Act

The Fair Debt Collection Practices Act (often called the FDCPA) protects against improper collection practices by a debt collector, including:

- The debt collector may not contact you once it receives notice that there is an authorized agent working on your behalf.
- The debt collector may not misrepresent the amount you owe.
- The debt collector may not claim legal action will be taken against you if it's not true.
- The debt collector may not "harass" you.
- The debt collector may not file a report against your credit for a disputed debt without providing a validation of that debt.

The National Consumer Assistance Plan

The National Consumer Assistance Plan is another layer of protection to consumers related to financial credit and medical debt. This is an agreement that was established between three major reporting companies (Equifax, Experian and TransUnion) and the attorney generals. The intent of the NCAP is to improve data accuracy and quality related to consumer debt. FICO 9 has previously stated that valid medical debt should not be weighed the same way other consumer debt is weighed in a credit score. NCAP's intent, in part, is to ensure that the patient is removed from the middle in disputes between insurance and provider. In the event the National Consumer Assistance Plan is violated, a complaint to the attorney general in your state may be initiated.

ClaimDOC is working hard to make sure no member pays medical providers more than their patient responsibility.

To Protect Yourself From Paying Medical Providers More Than Due

Whenever you receive a bill from any medical provider following a visit for medical treatment, always compare this bill to the "Explanation of Benefits" (EOB) form that you receive from your Third Party Administrator (TPA). You are only responsible to pay the amount in the **Patient Responsibility** block provided on the EOB after your claim has been fully processed. Once you pay the **Patient Responsibility** amount on the EOB, you are required to pay nothing further for that visit/treatment.

The medical provider / facility may send you a follow up bill saying that you owe more than you paid. This is known as a "Balance Bill." If you receive a bill with an amount in excess of your Patient Responsibility, as outlined in your Explanation of Benefits, please complete the following steps:

- 1 Ensure that you have **paid the amount shown as "Patient Responsibility"** on your Explanation of Benefits. The EOB is a document prepared by ABMS, the plan administrator, and not the balance bill you may receive from a hospital or medical provider. Even if you are unable to pay the full amount listed on your EOB, please reach out so we can discuss and begin the balance bill process.

- 2  **Inform a Member Advocate** that you've received a balance bill and be ready to submit a copy of the bill via fax or email.

You can reach us Monday through Friday, 8:00 AM – 7:00 PM EST

Email: balancebills@claim-doc.com

Call: 1 (888) 330-7295

- 3 Complete the **ClaimDOC Member Authorization Agreement** and return to ClaimDOC. After you discuss your balance bill case with the Member Advocate, you will receive a copy of a ClaimDOC Member Authorization Agreement. This allows ClaimDOC to contact the provider and send the initial dispute of the bill. It is imperative that you sign and return a copy as soon as possible so we can begin representing/protecting you immediately.

ClaimDOC will vigorously represent you against unfounded collection activity. **YOU ARE NOT RESPONSIBLE FOR THE AMOUNT IN EXCESS OF YOUR PATIENT RESPONSIBILITY.** Once you begin working with ClaimDOC you are held harmless. **PLEASE DO NOT PAY THE BALANCE BILL.**

The length of time to resolve these cases vary with each situation. For instance, while one situation may take a matter of weeks, another may take a matter of months. Thank you for your patience and partnership while we seek resolution, and remember that you are protected by federal and state laws addressing debt collection practices.

- 1 **What Are Your Next Steps?**

Understand that **you may continue to receive bills** even after we send the initial dispute. This does NOT mean you are required to pay.

Monitor your mail and **forward any communication that appears to be collection efforts** by the provider or hospital for amounts in excess of the patient responsibility identified in your EOB.