

Understanding Your Medical Bills

Pointers to keep in mind before & after receiving medical services

What should I know about my healthcare plan?

Take some time to understand the top-level details of your benefits, such as your deductible, copay or coinsurance for in-network/out-of-network, and your out-of-pocket maximum. Knowing these can save you headaches navigating healthcare choices throughout the year. You can find this information by clicking on “Plan Benefits” in your HealthJoy profile.

What is the difference between “preventive” and “routine” care?

Many plans cover preventive services, but not all “routine” procedures are considered preventive. Preventive visits are typically proactive and scheduled annually; a routine, or diagnostic, procedure is scheduled after the preventive visit if the provider wants more info.

What should I keep in mind at the time of medical service?

- ▶ Make sure to present proof of insurance to the provider’s office at the time of service.
- ▶ When receiving service at a hospital, ask for an itemized list of services (ILOS) to help you (and our Bill Review team!) see exactly what services you’re being charged for.
- ▶ Be aware that out-of-network providers are NOT obligated to submit a bill to your insurance carrier, but this could be another opportunity to ask for an ILOS.
- ▶ Ask the medical office what options they have for bill payment, including payment plans or any available discounts for various payment methods.

How do I determine if my bill has an issue?

After your insurance receives information about your service, they’ll send you an explanation of benefits, or “EOB” (this is what says “NOT A BILL”), then the healthcare provider will send you a bill. Finding differences between your EOB and your bill can give you a good idea if there’s an error. Not receiving an expected EOB before getting your bill could be another sign of an issue. And if you’re not sure, you can always have our Bill Review team take a look!

What information should I submit to the Bill Review team?

After your medical service has been rendered, you can submit a request for Bill Review to check the accuracy of your charges. Most helpful is a complete copy of the billing statement and EOB, or you can send a receipt along with its associated invoice—be sure to include the date of service, total charges, and name and phone number for the provider. Our Bill Review team will then work to determine the error, including contacting the provider’s office, insurance carrier, or any Third Party Administrator (TPA).