



How to Avoid Surprise Medical Bills

It can be a shock to receive an unexpected medical bill for treatment that you thought your health plan covered.

Many coverage denials can be avoided by following these four key steps.



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Get started

Four Key Steps

Stay “in-network.” Most denials occur because patients use providers who are out of their plan’s network for their care. Before you even make an appointment, always confirm that your providers, hospitals and other medical facilities are “in-network.”

Get appropriate pre-approvals prior to receiving services. Check to see if your plan requires a pre-certification, pre-authorization or referral for services to cover them.

Double check that your information is complete. Make sure your personal information including your name and health insurance number is correct on the paperwork.

Understand frequency limitations. Benefits for certain services such as mental health counseling, may have limitations for the number of visits that will be covered by your insurance company. Check to find out if you have any frequency limitations, and what to do to request coverage if you go over them.

Questions about a denied claim?

Your Personal Health Advocate can help you sort it out to get the bill reprocessed for payment. We can...

- **Look for duplicate billing.** For example, a medication may have been billed when it was prescribed and then again when it was administered.
- **Check for incorrect coding.** The treatment or procedure code may not match the diagnosis code.
- **Address lack of preauthorization.** If your doctor ordered an MRI, for example, we can work with him or her to obtain the proper authorization to get the claim paid.
- **Obtain proper documentation.** Some bills are denied because the insurance deemed them not medically necessary. We can work with the doctor to get any required paperwork that may be needed.
- **Review for data entry errors.** We'll check that your current health policy was entered correctly and look for typos.

Remember... your Personal Health Advocate can help you understand your coverage, obtain pre-approvals, handle denied claims and assist with a variety of healthcare and insurance-related issues. Eligible employees, their spouses, dependent children, parents and parents-in-law can use the benefit.



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