

UNDERSTANDING HEALTH CARE BILLS

Filing Insurance Claims



When you have a medical procedure or visit, you usually pay your health care provider (doctor, hospital, therapist, etc.) a co-pay to cover your portion of the provider's bill.

You expect your health plan to pay the rest of the bill. To ask the health plan to pay its share, the provider will file a claim with your health plan.

However, there are some cases when you might have to file a claim yourself. This could happen when you go to an out-of-network provider, when the provider does not accept your insurance, or when you are traveling.

If you need to file your own health insurance claim, here's what you need to know:

How do I file a claim with my health plan?

Look at your health insurance card for the correct website or phone number to use.

There will likely be a link on the health plan's website to file a claim. The plan will have a form to complete for filing a claim and information on how to submit the claim. If you cannot find this information on the website, call the number on your insurance card and the customer support representative can inform you how to file a claim.

What will I need?

You will need the itemized bill from your health care provider. This will include the date of service, a list of procedures or services completed, and the provider's charge for each service. It will also include a description of each service or the code for each procedure.

You will also need information such as your social security number, your insurance ID number, your employment status (if the reason for medical care was due to an accident or illness at work), and whether to send payment directly to the provider or to you.

When do I file the claim?

File the claim as soon as it is possible after the procedure or service is completed. Many health plans have a time limit for how long you have to file a claim, such as within 90 days of the service.

Where do I submit the claim?

While each health plan will inform you where to send the information, often it is to the address on the back of your health insurance card.

What happens after you file the claim?

After you file the claim, the health plan has a limited time (it varies per state) to inform you if they have accepted or denied the claim. The company will send you an explanation of benefits. If you selected the payment to be sent directly to you, you will receive the payment and then you will need to pay the provider directly if you have not already done so.

