



Understanding Balance Billing

The overall cost of health care continues to rise and no employer is immune.



Did you know that on-average traditional health plan pays more than 200% of what Medicare will pay for in-patient and outpatient care?*

By moving to HST, we attempt to ensure providers are not passing any ineligible charges onto our members and that providers are only billing members for their patient responsibility.

What is a balance bill?

Balance billing is when a healthcare provider accepts the “plan allowed” amount and then bills the patient for the difference between the billed charges and the “plan allowed” amount (the amount paid by the plan). If you receive a bill for any amount over your patient responsibility listed on your Explanation of Benefits (EOB) we want you to know we are here to help and guide you through this process.

*<https://www.americanprogress.org/article/high-price-hospital-care/>





I have paid all of my listed copay, deductible and out of pocket reflected on my Explanation of Benefits (EOB) but I am still receiving this bill from my provider. Is this a balance bill?

Provider Name 456 X STREET City, State Zip Code				Statement Date: 09/10/2022 Account Number: ABC1234 Payment Due Date: Due Upon Receipt Pay This Amount: \$782.35				
PROVIDER STATEMENT								
Date	Patient	Description	Charge	Insurance Payments	Patient Payments	Adjustments	Insurance Pending	Patient Balance
05/27/22	JANE DOE	Professional Anesthesia Services - Physician	1170.00	300.67	\$86.98	0.00	0.00	782.35
Current	Over 30 Days	Over 60 Days	Over 90 Days	Total Balance	Total Amount Due			
\$782.35	\$0.00	\$0.00	\$0.00	\$782.35	\$782.35			

<h2>Explanation of Benefits</h2> <h3>THIS IS NOT A BILL</h3>	Your Member Information Name: JANE DOE EOB Date: 08/10/2022 ID No: ABC 1234
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Billed Amount	\$1,170.00	This is the amount billed by the provider for health care services.
Ineligible Amount	\$782.35	Reduced amount that is ineligible for payment. These dollars are not your responsibility.
Allowed Amount	\$387.65	Allowed Amount = Plan Payment + Patient Responsibility
Plan Payment	\$300.67	80% of allowed after the copay and deductible is removed
Patient Responsibility	\$86.98	Copay + deductible + coinsurance (20%) of the plan payment

Patient: JANE DOE **Provider PROVIDER NAME**
Claim#: XYZ456779789

Dates of Service	Service Description	Rmk* Code	Total Charge	Reduction Amount	Allowed Amount	Co-Pay	Deductible	Co-Insurance	Other Plan Payment	Paidat %	Plan Pay Amount
05/27/05/27/2022	Professional Service	P1871	\$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81	\$75.17	\$0.00	80%	\$300.67
Totals			\$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81	\$75.17	\$0.00		\$300.67

A: **YES!** You are being billed for more than the patient responsibility listed on the EOB. **DO NOT PAY THE BALANCE BILL! Immediately contact HST's Patient Advocacy Center for assistance.**

PAC Contact Information:

Monday – Friday, 5:30 am – 5:00 pm PST
 Phone: (888) 837-2237
 Email: pac@hstechnology.com
 Fax: (949) 891-0420
 HST Connect Mobile App or HSTconnect.com



Please be sure to include:

- Full Name
- Employer Group Name
- Date of Service
- Copy of the Bill
- Copy of the EOB
- Your phone number and email address

