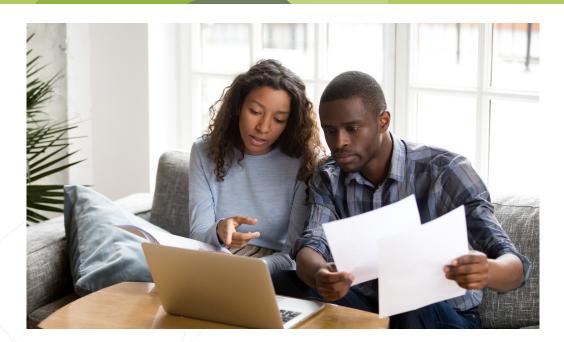


## Understanding Balance Billing

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.americapprogress.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?

456 X STR	456 X STREET Payment						ent Date: t Number: nt Due Date: s Amount:	09/10/2022 ABC1234 Due Upon \$782.35	
Date	Patient	Description		Charge	Insurance Payments	Patient Payments	Adjustments	Insurance Pending	Patient Balance
05/27/22	JANE DOE	Professional . Services - Pl		1170.00	300.67	\$86.98	0.00	0.00	782.35
<b>Current</b> \$782.35	<b>Over 30 Days Over 60</b> \$0.00 \$0.00		<b>Over 60 Da</b> \$0.00	<b>Over 90 Days</b> \$0.00		<b>Total Balance</b> \$782.35		Total Amount Due \$782.35	

Explanation of THIS IS NOT A E	5		Na EC	ame:	JANE 08/10, ABC 1	DOE /2022				
Billed Amount	\$1,170.00	This is the	amount billed b	y the p	orovider f	or health ca	are services.			
Inelligible Amount	Reduced amount that is inelligble for payment. These dollars are not your responsibility.									
Allowed Amount	Allowed Amount = Plan Payment + Patient Responsibility									
Plan Payment	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 Claim#: XYZ456779789  Provider PROVIDER NAME										
	mk* Code Total Charge 1871 \$1,170.00	Reduction Amount \$782.35	Allowed Amount \$387.65		Deductible \$11.81	Co-Insurance \$75.17	Other Plan Payment \$0.00	Paidat % 80%	Plan Pay Amount \$300.67	
To	otals \$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81	\$75.17	\$0.00		\$300.67	



• 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** 



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

