5 TIPS FOR FILING A MEDICAL INSURANCE CLAIM

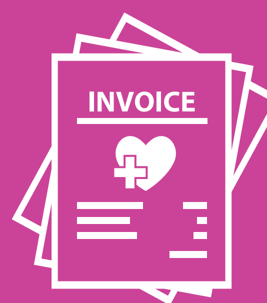
Everybody wants to make the most of their benefits and not worry about distractions like unpaid claims or dealing with insurance carriers. Here are 5 tips for you and your employees to help simplify the claims process:

#1 Know your coverage.

Make the most of your healthcare dollars by doing your homework **before an appointment** — for example, calling the carrier to make sure services are covered.

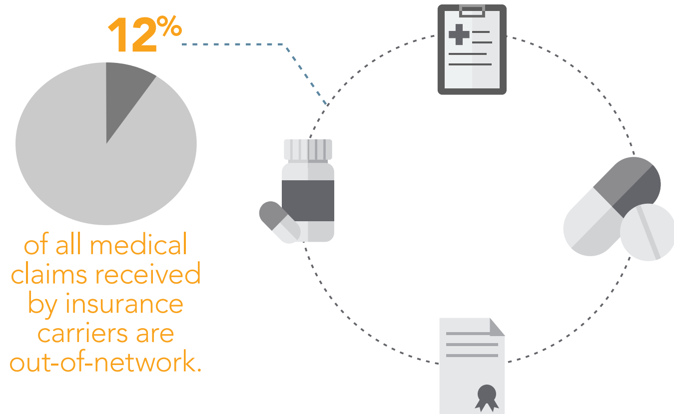
40% of employees aren't prepared to pay out-of-pocket medical expenses.

Source: 2015 Aflac WorkForces Report, February 2015



Medical claims are bills submitted to health insurance carriers for services rendered to patients.

#2 Understand in-network versus out-of-network.



12% of all medical claims received by insurance carriers are out-of-network.

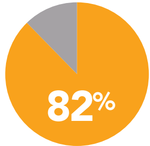
Insurance plans generally negotiate lower rates with "in network" providers. Going to outside providers can incur significant out-of-pocket expenses. Another important distinction:

- In-network providers typically accept a co-payment and file a claim.
- Out-of-network providers often require **payment in full**. They may file your claim as a courtesy but are not required to do so.

Source: America's Health Insurance Plans, January 2013

#3 Take good notes.

When speaking with a provider or insurance carrier, **be sure to document the conversation** for reference if questions arise.



of adults had contact with a health care professional in the past year.

Source: U.S. Department of Health and Human Services, February 2014

#4 Complete and return all forms ASAP.

Visit carrier websites for the necessary claim forms and fill them out completely to **avoid delays in processing your claims.**

of medical claims are processed incorrectly each year.

Source: American Medical Association

#5 Claim denied? File an appeal.

Two common reasons insurers deny claims are **coding errors and lack of pre-authorization**. If a claim is denied, call the healthcare provider and carrier as soon as you receive their Statement of Benefits. Approval may be as simple as your provider resubmitting the necessary information.

200 million medical claims are rejected every year.

Source: AARP

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For more information, contact your accountant or a licensed agent from ADPIA*.

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