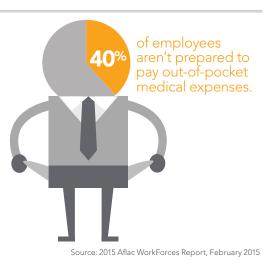
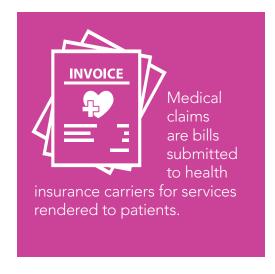
5 TIPS FOR FILING A MEDICAL INSURANCE CLAIM

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:

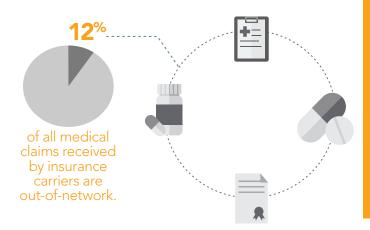
#1 Know your coverage.

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.





#2 Understand in-network versus 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

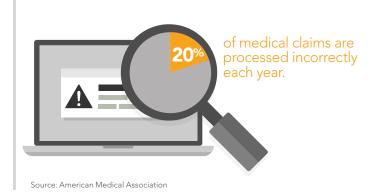
#3 Take good notes.

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



#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.



#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

Contact ADPIA* for more helpful tips. Call us at (855) 237-5335.



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