



Paying Attention to Medical Documents Can Save You Money

If you've been making frequent trips to your doctor's office or the hospital, chances are you've seen a recent onslaught of medical invoices and Explanation of Benefits (EOBs) begin to flood your mailbox. Although it may seem overwhelming, it's important that you open, read, understand and store your medical bills in an easy-to-access place. If you start off organized, it's easier to reference medical papers should there be any discrepancies.

Keep a Notebook to Stay Organized

One way to get on track and stay organized is by **dedicating a notebook** to your health-related papers. In your notebook, keep track of doctor's visits, medications, referrals and any questions you may have. Don't forget to tag a date to your appointments and other medical information in your notebook for easy reference. **Keep all of your paperwork.** This not only includes your EOBs and invoices but any test results or other medical-related items.

Compare Your EOB with Everything

As your invoices come in, compare them with your EOBs and any additional paperwork you received from your medical provider and insurance company. Look at things like the date and procedures and double-check that everything matches and makes sense. Pay close attention to deadlines, timelines and due dates to ensure there are no errors. Don't hesitate to reach out to your medical provider or insurance company if you have any questions about the billing. Errors happen all the time and it's better to take a few seconds to verify accuracy than pay more than necessary.

Tips to Maximize Your EOB

- Sometimes medical bills can be overwhelming. Ask a friend or family member for help when comparing and reviewing your bills. A second set of eyes is always advisable when reviewing bills.
- When all else fails, start at the beginning. Read and become familiar with your plan language to ensure you are getting all that you are entitled to and any limitations you may face.
- Staying on top of your medical bills and double checking each line item may take more time but it's an important strategy to adopt because it will help you become more familiar with the process and able to identify any potential billing errors.



What is the Difference Between EOB and Your Medical Bill?

EOB

- Sent from your insurance plan to you as their insured member
- Is generated after insurer receives claim information from your provider about your visit
- Shows date of visit and total costs related to that visit
- Summarizes your insurance's coverage related to your visit, and shares what you will be responsible to pay
- Contains a summary of your total costs accumulated for the current plan year, and your progress towards meeting your deductible and out-of-pocket amounts
- Is for informational purposes only
- An electronic copy is filed online and viewable on your insurance providers website at any point
- Call your insurer if you have questions about the EOB

Medical Bill

- Sent directly from your doctor to you as their Patient
- Lists individual items related to the services you received from that provider on the day of visit. (If not, you can request this)
- If the provider submitted claim to insurance, the bill should show an adjustment or payment related to insurance approved costs for the services you received
- The bill should show any payment you already made, including copayments or co-insurance
- Describes options for bill payment methods and date your payment is due
- Includes bill payment coupon or portion that can easily be mailed back with your payment
- Most providers will include contact info for their billing office to discuss payment options or to clarify questions about the bill and services provided.

Vocabulary

Charge Amount

Amount charged by the provider related to your care. This represents the normal fee that the provider has designated as appropriate for the services provided. Think of this as the retail price. Think of this as the retail price or billed amount.

Allowed Amount

This is the amount pre-negotiated by your insurance company and its network of providers for the services you received. This amount also takes in to account what is referred to as "usual and customary" (UCR) charges and is impacted by geographic location of provider. Also known as eligible expense, payment or negotiated rate.

Due from Patient / Patient Responsibility

This is the amount the patient is responsible for paying to the provider. This includes the copay amount, amount towards deductible, as well as any non-covered charges associated with your care. Also known as patient responsibility or balance due.

