

What Is Balance Billing?

Balance billing occurs when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. Your TPA and 6 Degrees Health are here to resolve the issue should it arise.

Balance Bill Example

Your hospital charges are \$100, and the plan allowable at 140% of Medicare is \$70. If the provider bills you the \$30 difference between the charged amount and the plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing, and you are still responsible for these cost-sharing items.

Balance Bills | Frequently Asked Questions

I've received a bill in the mail from my provider, what should I do?

If you receive a bill, compare it to the Explanation of Benefits that you previously received from your TPA. If you are being asked to pay more than what is shown as patient responsibility, you are being balance billed and need to contact your TPA.

What happens when I contact my TPA about a bill I received?

Your TPA will confirm that it is a balance bill and make sure there is no member responsibility. If it is a balance bill, your case will be submitted to 6 Degrees Health and an assigned team member will walk you through the process, collect any additional information, and then keep you updated until the case is closed. You will be asked to complete a Release of Information form so that we can communicate with the provider on your behalf. If you would like to authorize another family member to receive updates or communicate with 6 Degrees Health, you will need to complete an additional release as well.

What if a provider continues to contact me?

If you receive any additional bills or communication from your provider, you, as the member, need to send the additional documentation to your contact at 6 Degrees Health.

How long will this process take?

Each provider has different processes for resolving payment disputes. 6 Degrees Health will support and guide you through the entire process and work to resolve the matter as quickly as possible. Please note the average resolution time is between 60-90 days, with many being resolved faster.

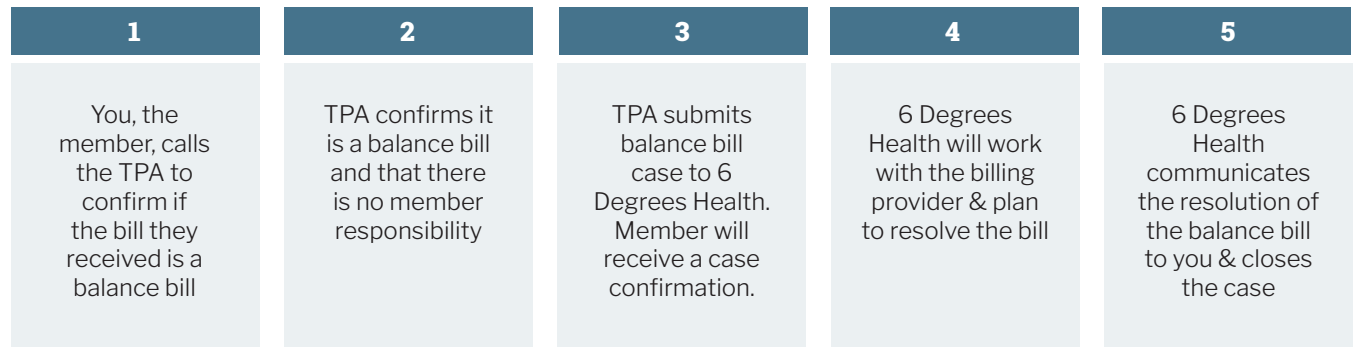
What if my provider denies access due to a balance bill?

If the provider turns you away because of an outstanding balance, call your 6 Degrees Health contact or TPA right away. We will work to resolve the issue on your behalf.

What information should I provide with my balance bill?

- › A copy of any documents received from the provider
- › Daytime telephone number and email address for us to contact you
- › Any additional payments (Co-pay, member responsibility etc.)
- › Any additional communication from the provider

Balance Bill Resolution Process



**If you receive any additional communication from the provider while your case is with 6 Degrees Health, send that information directly to your 6 Degrees Health contact.*

Further Questions

If you have any further questions, contact your TPA using the number listed on the back of your member ID card.