

BALANCE BILLING SUPPORT

Frequently Asked Questions

Learn • Plan • Save • **Protect**

What is a Balance Bill?

Generally, this occurs when a provider does not accept a Plan's payment as payment in full and pursues the patient for the remaining balance.

Are Providers Allowed to Balance Bill?

Yes, however, Phia has many arguments as to why pursuit of the patient is less attractive than working with us directly. One of our top priorities is to immediately stop communication between the provider and the patient.

What is Required From a Group for Phia to Provide Balance Bill Support?

Harmonization up front – detailed review of plan document, ID Card, explanation of benefits.

How Does Phia Receive the Balance Bill?

A referral form and HIPAA form must be forwarded to Phia when a balance bill claim is ready for Phia's support. It is preferable that any supporting documentation be sent as well, such as the EOB, bill from provider, etc.

How Will a Group Know Current Statuses of Balance Bill Claims?

Phia reports on a regular basis and on demand. Requests can be submitted electronically, or by calling us.

Is Phia Able to Resolve Every Balance Bill Claim Referred?

Phia's goal is to have providers write off balance bills. If the provider refuses to do so, if approved by you, we will work to reach a settlement that is agreeable to all parties involved.

What if the Provider Refuses to Negotiate?

If approved by the client, Phia will attempt to reach a settlement that is agreeable to the applicable parties. If Phia cannot achieve a favorable result through initial negotiation, other options exist, such as adjusting demands or escalation to independent legal counsel. To enable such escalation, The Phia Group offers independent legal representation for the Member via the Patient Defender program.



EMPOWERING PLANS

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