

PERMA FAIR MEMBER ADVOCACY

Balance Bill Support

Advocating for YOU!



What is a Balance Bill?

After you get medical care, you'll receive an Explanation of Benefits (EOB), a summary from your health plan showing how your claim was processed, what your plan paid, and what you may owe, listed as **"Patient Responsibility."** Always compare provider bills to the Patient Responsibility on your EOB. **If a provider bills you more than your Patient Responsibility, that extra charge is a Balance Bill.**

Using your EOB to spot a Balance Bill

- 1 List of services provided.
- 2 Amount charged by your provider.
- 3 Amount you may owe or have already paid. **If your provider bills you more than this amount, it is a Balance Bill.**
- 4 Amount your health plan will pay your provider.

*** THIS IS NOT A BILL ***

Patient: Tommy Tester Date: January 1, 1900				Claim Finalized Date: xx/xx/xxxx						
Provider: XXXXXX XX XXX XXXXX XXXX XXX Rendering Provider: XXXXXX XX XXX				Patient Responsibility				NON-NETWORK		
Date of Service	Description	Billed Charges	Plan Allowed	Not Covered	Deductible	Co-Pay	Coinurance	PAID Amount	PAID %	Remark Code
10/04-10/04/2019	Medical Services	\$90.00	\$57.27	\$32.73	\$57.27	\$0.00	\$0.00	\$0.00		07
10/04-10/04/2019	Medical Services	\$115.00	\$89.47	\$25.53	\$89.47	\$0.00	\$0.00	\$0.00		07
10/04-10/04/2019	Medical Services	\$90.00	\$28.63	\$61.37	\$28.63	\$0.00	\$0.00	\$0.00		Z12 07
Gross Total		\$295.00	\$175.37	\$119.63	\$175.37	\$0.00	\$0.00	\$0.00		
Other Insurance/Adjustment								\$0.00		
Patient #: XXXX-XXXXXX-XX Claim #: XXX-XXXXXX-XX				Amount Paid: \$0.00						
				Amount Patient May Owe Provider: \$xxx.xx						

Year to Date (YTD) SUMMARY - Patient		Not Covered	Out-of-Pocket (OOP)		Patient's Status	
			Deductible	OOP	MOOP [†]	Remaining
NETWORK	Year to Date (YTD) Summary	\$0.00	\$300.52	\$300.52	\$5,400.00	\$5,099.48
NON-NETWORK	Year to Date (YTD) Summary	\$119.63	\$238.37	\$238.37	\$10,000.00	\$9,761.63

[†]MOOP - Maximum Out-of-Pocket for Patient; Patient Responsibility amount are described in your benefits booklet; does not include "Not-Covered"

Got a Balance Bill? Do not pay it. Follow these steps right away:

- ✓ Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR.
- ✓ Send us the bill so we can work on your behalf to resolve it.
- ✓ Watch your mail for additional provider bills and send them to us immediately.

Need Help?

Call the Member Phone Number on your Benefits ID Card and **select Option 2** for PERMA FAIR.

Balance Bill Process: An Overview

A step-by-step guide for members who receive a Balance Bill.

STEP 1 Submit Your Bill	Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR to confirm your bill is a Balance Bill. Once confirmed, submit the bill for review by email or through the member portal.
STEP 2 Initial Review	A Billing Support Specialist reviews all information related to your Balance Bill.
STEP 3 Member Email	You'll receive an email with a secure link and instructions to set up your member account.
STEP 4 Member Call	Your Billing Support Specialist contacts you to explain the process and answer your questions.
STEP 5 Balance Bill Kit	You'll receive your Balance Bill Kit (Authorization Form, Telephone Information Form, Notice of Disputed Charges, and HIPAA Agreement) to review and sign.
STEP 6 Sign Documents	Electronically sign and submit your Balance Bill Kit forms, including authorization for attorney representation, if required.
STEP 7 Provider Notice	Your Billing Support Specialist sends a Notice of Disputed Charges to your provider and requests an itemized bill.
STEP 8 Ongoing Support	Continue forwarding any Balance Bills from your provider. Your Billing Support Specialist will provide updates until the case is resolved.

Your Balance Bill Support Team is with you every step of the way

- A clear explanation of the process and answers to your questions
- Attorney representation to dispute charges and handle Balance Bill defense, when needed
- A dedicated Billing Support Specialist for your case
- Regular status updates, including text and email notifications

Need Help?

Call the Member Phone Number on your Benefits ID Card and select Option 2 for PERMA FAIR.