

# What to Expect After You Receive Medical Care

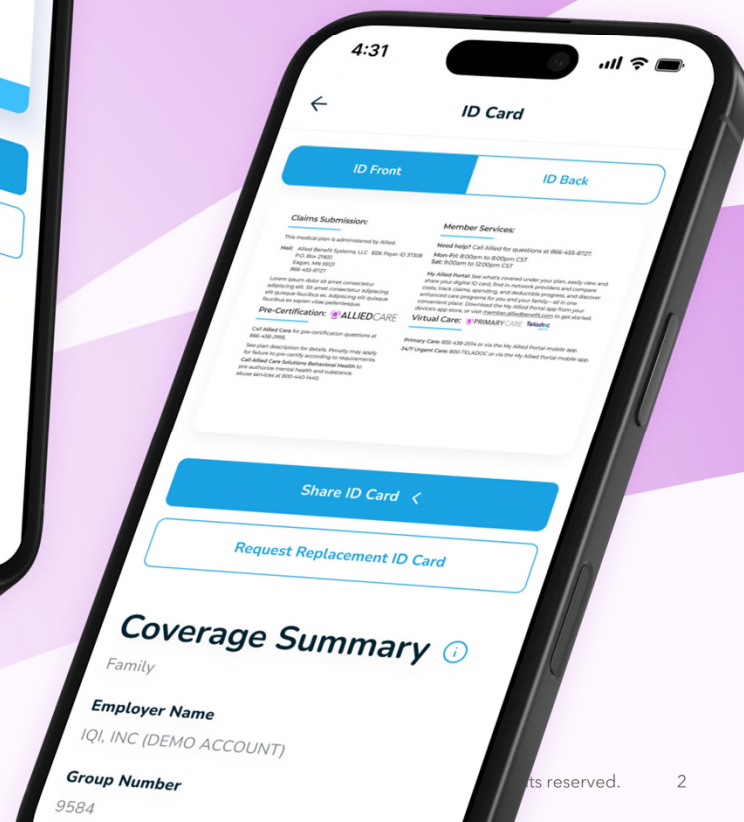
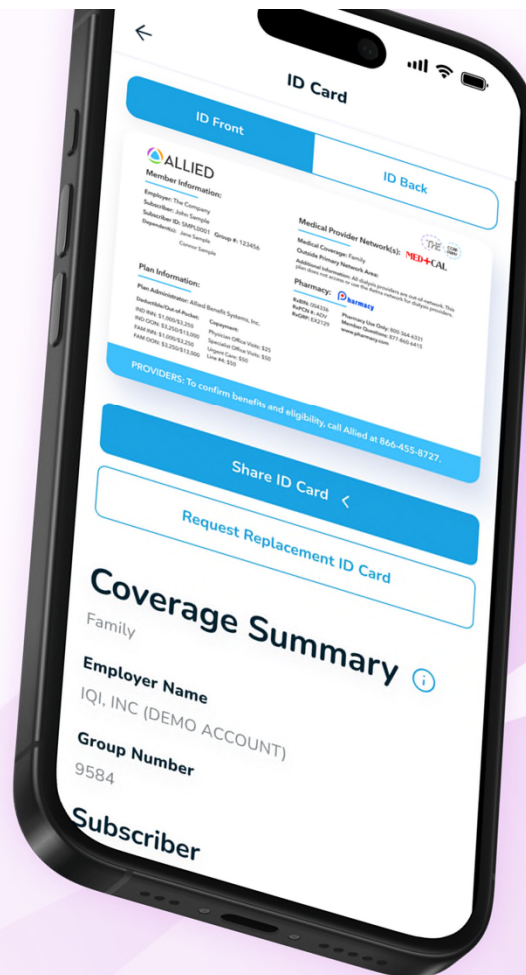
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When you visit a doctor or hospital, be sure to present your ID card at check-in.

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# What to do after seeking medical care?

Healthcare and health benefits can be complicated. Understanding what comes after a visit to an in-network doctor or hospital can often feel confusing. Allied is here to help you navigate your medical bills and protect you from unforeseen charges.

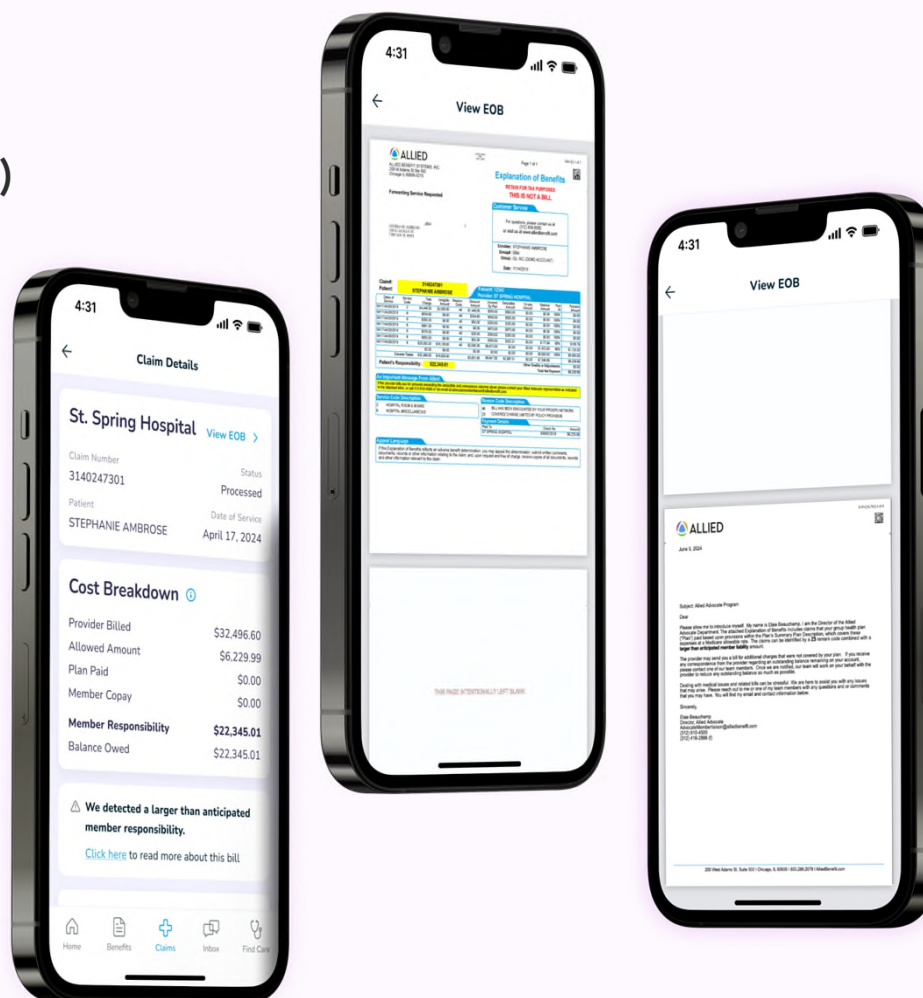


## STEP 1



### Review your Explanation of Benefits (EOB)

After you receive medical care, Allied will send you an Explanation of Benefits, or EOB, statement in the mail and online to your My Allied Portal account at [member.alliedbenefit.com](https://member.alliedbenefit.com). Your EOB will outline the care you received, how much it cost, and what you may owe. Your EOB is very important and may include instructions to contact Allied.





## STEP 2

### Review your Provider Bill

Your provider may send you a bill for any amount due to them. Right away, compare your bill to the corresponding EOB. Your bill should not exceed the total deductible, co-pay or coinsurance amounts that are listed on your EOB.

Confused? No worries! Once you receive a bill from your provider, simply give your Allied Advocate a call. They'll confirm your member responsibility and guide you through the next steps you need to take.

To calculate your owed Coinsurance Amount, subtract the Total Payment Amount from the Total Balance amount.



View EOB

**ALLIED**  
ALLIED BENEFIT SYSTEMS, INC.  
200 W Adams St Ste 500  
Chicago IL 60606-5215

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**Explanation of Benefits**  
**RETAIN FOR TAX PURPOSES**  
**THIS IS NOT A BILL**

**Customer Service**  
For questions, please contact us at  
(312) 906-8080  
or visit us at [www.alliedbenefit.com](http://www.alliedbenefit.com)

Enrollee: STEPHANIE AMBROSE  
Group#: 9584  
Group: IQI, INC (DEMO ACCOUNT)  
Date: 11/14/2019

**Forwarding Service Requested**  
STEPHANIE AMBROSE J064  
208 S LASALLE ST  
CHICAGO IL 60604

**Claim#:** 3140247301  
**Patient:** STEPHANIE AMBROSE

**Patient#:** 12345  
**Provider:** ST SPRING HOSPITAL

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
04/17-04/20/2019	2	\$4,449.00	\$2,500.00	46	\$1,449.00	\$500.00	\$500.00	\$0.00	\$0.00	100%	\$0.00
04/17-04/20/2019	6	\$534.60	\$0.00	46	\$334.60	\$500.00	\$500.00	\$0.00	\$0.00	100%	\$0.00
04/17-04/20/2019	6	\$300.00	\$0.00	46	\$50.00	\$250.00	\$500.00	\$0.00	\$0.00	100%	\$0.00
04/17-04/20/2019	6	\$981.00	\$0.00	46	\$6.00	\$975.00	\$250.00	\$0.00	\$0.00	100%	\$0.00
04/17-04/20/2019	6	\$379.00	\$0.00	46	\$29.00	\$350.00	\$350.00	\$0.00	\$0.00	100%	\$0.00
04/17-04/20/2019	6	\$553.00	\$0.00	46	\$0.00	\$553.00	\$322.01	\$0.00	\$0.00	100%	\$0.00
Column Totals		\$25,000.00	\$16,129.00	46	\$53.00	\$350.00	\$350.00	\$0.00	\$1,777.99	60%	\$1,067.79
Patient's Responsibility		\$32,496.60	\$19,629.00	46	\$2,000.00	\$500.00	\$322.01	\$0.00	\$1,872.00	60%	\$1,123.20
<b>An Important Message From Allied</b>											
If the provider bills you for amounts exceeding the deductible and coinsurance columns above please contact your Allied Advocate representative as indicated in the attached letter, or call 312-610-4500 or via email at <a href="mailto:advocatememberliaison@alliedbenefit.com">advocatememberliaison@alliedbenefit.com</a> .											
<b>Service Code Description</b>											
2 HOSPITAL ROOM & BOARD											
6 HOSPITAL MISCELLANEOUS											
<b>Reason Code Description</b>											
46 BILL HAS BEEN DISCOUNTED BY YOUR PPO/EPO NETWORK.											
23 COVERED CHARGE LIMITED BY POLICY PROVISION.											
<b>Payment Details</b>											
Paid To											
ST SPRING HOSPITAL											
Check No.											
0000012018											
Amount											
\$6,229.99											
This reflects an adverse benefit determination; you may appeal the determination; submit written comments, information relating to the claim; and, upon request and free of charge, receive copies of all documents, records to the claim.											

**Total Net Payment** \$6,229.99



## STEP 3



### When to Call Allied

If the provider bills you for amounts exceeding the deductible and coinsurance columns on your EOB, or you see a message on your paper EOB or in your My Allied Portal with important instructions from Allied, call Allied immediately at the number listed.





## STEP 4



### The Allied Team Gets to Work

If your claim falls under special review through Allied, you will be assigned an Allied Advocate. Your Allied Advocate will work with your provider to resolve any discrepancies on your bill. Once settled, your Allied Advocate will contact you to explain the resolution.

### The Allied Advocate team is here to:

- Answer questions about your Allied Advocate claims
- Understand your EOB
- Resolve Allied Advocate claims directly with your provider



# FAQ



## What is a balance bill?

A **balance bill** is a bill you receive from a healthcare provider for the portion of charges not covered by your insurance plan. This typically happens when a provider charges more than what your insurance company has agreed to pay for a service. The provider then bills you for the remaining amount, which is the "balance" between what was paid by your insurance and the total cost of the service.

## When might I receive a balance bill?

You may receive a balance bill if you visit an out-of-network provider or if the service you received is not fully covered under your health plan. In these cases, the provider may bill you for the difference between their charge and what your insurance paid.

## What should I do if I get a balance bill?

If you receive a balance bill, review your Explanation of Benefits (EOB) and contact your Allied Advocate (if indicated on your EOB) before making any payments. They can help you understand your options and may be able to assist with resolving the bill.



# How to Tell if Your Claim Is Being Reviewed by Allied Advocate

When reviewing your Explanation of Benefits (EOB), look for the following indicators that your claim is under review by Allied Advocate:

## Key Signs on Your EOB

### Important Message from Allied:

Your EOB will include a special message labeled as an Important Message from Allied. Along with this, you should receive a separate letter with instructions to contact your Allied Advocate.

### Remark Code "Z3":

If you see the remark code "Z3" listed on any billing statement or within your Explanation of Benefits, this is a direct indication that your claim is being reviewed by Allied Advocate.

## What to Do Next

If you notice either of these signs:

- Follow the instructions provided in the letter or message.
- Contact your Allied Advocate for further guidance and support regarding your claim.

These steps will ensure you are informed and can take action promptly if your claim is under review.



ALLIED  
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200 W Adams St Ste 500  
Chicago IL 60606-5215

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### Explanation of Benefits

**RETAIN FOR TAX PURPOSES  
THIS IS NOT A BILL**

**Forwarding Service Requested**

STEPHANIE AMBROSE  
208 S L SALLE ST  
CHICAGO IL 60604

J064 1

**Customer Service**

For questions, please contact us at  
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04/17-04/20/2019	6	\$834.60	\$0.00	46	\$334.60	\$500.00	\$500.00	\$0.00	\$0.00	100%	\$0.00
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		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	100%	\$5,000.00
<b>Column Totals</b>		<b>\$32,496.60</b>	<b>\$16,628.00</b>		<b>\$3,521.60</b>	<b>\$9,847.00</b>	<b>\$2,897.01</b>	<b>\$0.00</b>	<b>\$7,949.99</b>		<b>\$6,229.99</b>
<b>Patient's Responsibility: \$22,345.01</b>											<b>Other Credits or Adjustments</b>
											<b>Total Net Payment</b>
											<b>\$6,229.99</b>

**An Important Message From Allied**

If the provider bills you for amounts exceeding the deductible and coinsurance columns above please contact your Allied Advocate representative as indicated in the attached letter, or call 312-610-4500 or via email at [advocatemember@alliedbenefit.com](mailto:advocatemember@alliedbenefit.com).

Service Code Description	Reason Code Description
2 HOSPITAL ROOM & BOARD	
6 HOSPITAL MISCELLANEOUS	
	<b>Z3 COVERED CHARGE LIMITED BY POLICY PROVISION.</b>

Paid To	Check No.	Amount
ST SPRING HOSPITAL	0000012018	\$6,229.99

**Appeal Language**

If this Explanation of Benefits reflects an adverse benefit determination, you may appeal the determination; submit written comments, documents, records or other information relating to the claim; and, upon request and free of charge, receive copies of all documents, records and other information relevant to the claim.



## When Should You Pay Your Provider Bill?

If your Explanation of Benefits (EOB) indicates that an Allied Advocate has been assigned to your claim, **do not make any payments to your provider until you have spoken with your Allied Advocate**. Here's what you should do:.

### Steps to Follow

**Wait for Guidance:**

Do not submit any payments to your provider if your EOB references Allied Advocate. This includes any balance bills you receive by email or mail.

**Contact Allied Advocate First:**

Reach out to your Allied Advocate before making any payments. They will review your claim and advise you on the correct next steps.

**Follow Instructions Carefully:**

Only make a payment once you have been specifically advised to do so by your Allied Advocate. This ensures you do not pay more than necessary or before your claim is fully reviewed.

### Why This Matters

Allied Advocate may be negotiating or reviewing your claim. Paying prematurely could affect your eligibility for assistance or alter the outcome of your claim review. Always confirm with your Allied Advocate before taking action on any provider bills.



## How long does it take to resolve a balance bill?

On average, the negotiation process can take up to 90 days after you have initially notified your Allied Advocate that you have been billed for an amount above your patient responsibility. This timeframe can vary greatly based upon the provider's office.



## What is the best way to get an update on my Allied Advocate claim?

Email is the best method of communication if you need a status update. This allows us to respond without the hassle of phone tag or limited hours.

Emails should be sent to [advocatememberliaison@alliedbenefit.com](mailto:advocatememberliaison@alliedbenefit.com).

An Allied Advocate team member will respond within 2 business days.