

FREQUENTLY ASKED QUESTIONS:

FAQ

A provider is stating that they do not accept my insurance, what do I do?

It is likely that they do not recognize the Physicians Only logo on the ID card. Explain that you have health benefits and request that they call EBMS to verify your benefits— the number is on your card. If you are still having difficulties call EBMS for assistance.

Could the provider ask me to pay for my procedure upfront?

The hospital performing your medical procedure may request money from you upfront however you as the patient are only responsible for your co-pay, co-insurance, and deductible. To confirm this dollar amount, contact EBMS. You can also refer to your Employee Benefit Booklet in the schedule of benefits. The only out-of-pocket you should pay upfront is your co-pay. Your deductible and co-insurance is determined once the hospital has sent their bill to EBMS. This amount will be listed on your Explanation of Benefits.

What if the provider asks me to pay more than my OOP?

Your benefits plan does not require you to pay anything upfront outside of your copay, co-insurance, or deductible. If the provider will not perform your treatment without money being paid upfront outside of your personal responsibility, contact EBMS immediately and have a EBMS representative speak to the provider.

I've been balance billed; will my account be put into collections?

Each provider treats its billing practices differently. When a provider sends a bill to a collection agency, it does not necessarily mean that it was reported to any credit reporting agency impacting your credit score. This means that the provider has ceased their collection efforts within the hospital billing department and sent your bill to an outside vendor to attempt to collect the alleged balance due. If you receive a collection notice, please send it to ELAP right away. The collection notice will clearly state that you have 30 days to respond and dispute the debt, and it must be sent to an attorney in a timely manner so that they have enough time to respond on your behalf. It is very important to remember that if your bill is sent to collections, once the collection agency is made aware that you are represented by an attorney they are no longer, by law, permitted to communicate with you in any way other than continued mail notices. Please contact ELAP immediately if you continue to be contacted by the collection agency.

Why is the provider center still calling me?

The provider is within their legal rights to attempt to contact you by telephone, but there is no reason for you to speak to them. If you do speak to a representative, take their name and their phone number and relay that information to your assigned ELAP Claims Examiner.

How long will the provider continue to bill me?

Different providers have different collection practices. Please be assured that ELAP will continue to support you throughout this process. It is important that you send ELAP all correspondence that you receive in a timely manner.

What if I need additional treatment at this hospital/surgery center? Will they turn me away?

It has not been ELAP's experience to have a provider turn away a member due to balance billing. If you encounter any admissions issues, please call EBMS right away so that ELAP and EBMS can work together to resolve the issue.

BALANCE BILL BASICS



HOW DO I CONTACT ELAP?

961 Pottstown Pike, Chester Springs, PA 19425

p: 800.977.7381 9am- 7pm EST | f: 888.560.2447 ATTN Balance Bill Response Team

balancebills@elapservices.com | www.elapservices.com

WHAT INFORMATION SHOULD I INCLUDE WITH MY BILL?

To ensure that your claim is set up quickly, include the following information with your balance bill:

Member Name | Patient Name | Company or Group Number | Provider

Date(s) of Service | Phone Number | Email | Fax Number | Preferred Method of Contact

ELAP & EBMS

YOUR HOSPITAL BILL IS AUDITED BY ELAP AND PAID BY EBMS

Your provider claim is sent to EBMS for processing and payment. Eligible claims are forwarded by EBMS on to ELAP Services, who audits the claim according to the limits defined by your health benefits plan. The audited claim is then returned to EBMS who pays the provider for billed services.

FACILITY

FACILITY RECEIVES PAYMENT

In most cases the provider accepts the payment, however providers may appeal directly to ELAP Services for more payment. ELAP handles all appeals on behalf of the plan. Alternatively, the provider may balance bill the member for the denied charges.

MEMBER

MEMBER RECEIVES CARE AT THE HOSPITAL

You go to a hospital, ambulatory surgery center, skilled nursing home, etc., to receive care.

MEMBER

IF MEMBER RECEIVES BALANCE BILL-SEND DIRECTLY TO ELAP

If you receive a balance bill, send it to ELAP via email, fax, or mail as soon as possible. Confirm you paid all out of pocket expenses including co-pays, deductibles, or coinsurance amounts due to the provider, as explained in the Explanation of Benefits you received from EBMS when the claim was initially paid. Contact EBMS at the number on your ID card with any questions regarding out-of-pocket expenses.



WHAT IS THE ELAP PROCESS

If you receive a balance bill, send it to ELAP immediately at balancebills@elapservices.com. If you have a question as to the status of your claim, you may contact the Balance Bill Response Team any time at **1-800-977-7381**. Remember, it is important to send every bill you receive to ELAP!

ELAP & EBMS

ELAP DEFENDS BALANCE BILL

ELAP will defend all balance bills resulting from audited claims, at no cost to you, until full resolution. You will be assigned a Claims Examiner who will send you an Attorney Client Representation Agreement (ACRA) with a HIPAA Authorization form. These documents allow ELAP's attorneys to provide legal services on your behalf and authorize them to access your claims information. Sign and return the ACRA and HIPAA forms to your Claims Examiner via email, fax, or mail. If you receive additional balance bills, phone calls, or other notices, alert ELAP immediately so the attorneys can respond on your behalf. You will be copied on all correspondence sent on your behalf by your attorney. The length of time it takes to reach resolution will be dependent on the specifics of your claim.