

Insurance Claims made Easier

How many times has money slipped through your fingers because filing the insurance or flexible-spending request was an overwhelming job? Getting more organized will and getting know a little more about insurance will help. Here are some tips that can help.

1. **Know your insurance coverage.** Call your personnel representative or insurance company with your specific questions before going to your physician's office. Don't expect your physician to know or understand your coverage better than you. They usually make a point to separate insurance / money issues from patient care. However, it's possible one of the office staff *may* be able to help answer questions but, you are your best insurance advocate.
2. **Write down questions before and after doctor visits that need to be asked of the insurance carrier** such as, test series' your physician ordered so coverage and fees can be verified with your insurance carrier.
3. **While at the physician's office, get duplicate copies of receipts and walk out statements.** Doing so, may save you a trip to the copy store. Before leaving the office, be sure all important information is included on the receipt or walk out statement; patient name, date of service, charge for service, diagnosis *and* diagnostic code, physician name, address and Tax ID number.
4. **Always keep your original bills, receipts, and walk out statements, unless your carrier doesn't accept copies.** Having it will save phone calls and trips back to physician for copies when insurance loses the claim. (Linda's Law of medical claims...Insurance companies *will* lose bills, claims, receipts and walk out statements.)
5. **Make sure the patient name, diagnostic code and date of service is clearly on each bill, receipt, walk out statement, claim and EOB.** Those three things are consistent reference points that will help you figure out which receipts go with which explanation of benefits forms.
6. **Fill out an insurance claim form or flexible spending form with all the basic information;** insured name, social security number, date of birth, address and policy number. *Leave out dates and patient information.* Make copies to have on hand when filing insurance or flexible spending claims.
7. **Use colored ink (other than black) when filling out individual patient information on the claim form,** unless your carrier requires black. This easily identifies original when copies are made for your records or use a neon yellow marker to indicate original.
8. **Use a bright color to circle or highlight key information on forms or receipts that you send to the insurance company.** Copies can be difficult to read and highlighting makes the processor's job a tiny bit easier.
9. **Don't waste time mailing claims with important information missing.** Incomplete claims will be returned which will delay your reimbursement or payment to your physician.
10. **Attach EOB to your bill, receipt or walkout statement when organizing your paperwork.** If your insurance carrier groups multiple claims on a single EOB, consider the following:
 - a. Filing your EOB's together in order of *date processed* instead of attaching with each bill, receipt or walkout statement. On each bill, receipt or walkout statement, write the date processed by your insurance company as a reference point.
 - b. Make as many copies as there are providers on the EOB and attach one to each bill, receipt or walk out statement.
11. **Know insurance terminology.** These definitions should be common to most insurance companies when understanding explanation of benefits from insurance companies:
 - **Charges:** amount billed to patient.
 - **Claim number:** number unique to each claim.
 - **Copay:** Your share of payment due for a medical event, service or product (Rx, x-ray etc...).
 - **DOB:** Date of Birth
 - **DOS:** Date of Service, date service was rendered.

- **Date Processed:** The date that the *claim* was processed for payment or reimbursement.
- **Deductible:** Payment threshold at which insurance begins to pay its agreed amount or percentage. (Deductibles may be per case, per admission or per calendar year depending on the contract or carrier.)
- **Diagnostic Code:** Number assigned to a procedure or test performed or provided by physician or medical facility.
- **Eligible amount:** The amount of the submitted charge that qualifies for benefits under plan.
- **MIN:** Member Identification Number, number unique to each person, usually social security number.
- **OOP:** Out Of Pocket, the fees that you are required to pay, co-pays and deductibles.
- **Provider:** The physician or physician's office name.
- **TIN:** Provider Tax Identification Number or Tax ID, the tax identification number of physician or medical facility.
- **Stop Loss Point** is the point at which you have paid your OOP expenses up to the required threshold and you 'stop loosing money out of pocket.'
- **Walk out statement:** Statement given to you by physician or provider indicating date, diagnostic code, service rendered, and indication of payment or non payment.

Linda Durham is the owner of Organizing Matters, an Organization Consultant and member of NAPO, National Association of Professional Organizers and NSGCD, the National Study Group on Chronic Disorganization. Linda is the founder of Faithful Organizers, the only nationwide virtual community of Christian Professional Organizers. **Organizing Matters** is committed to helping clients reach their goal of a more organized home, workplace and schedule. To learn more, *visit* www.OrganizingMatters.com or *e-mail* her at OM@OrganizingMatters.com