



# Vistara™: Understanding Balance Billing

The cost of healthcare continues to rise, and no employer is immune.

Did you know that, on average, traditional health plans pay more than twice as much as Medicaid for in-patient and outpatient care?\* When you switch to Vistara™, we strive to ensure maximum pricing transparency and that providers are only billing members for their patient responsibility.

## What is balance billing?

Balance billing happens when a healthcare provider accepts the “plan allowed” amount, and then bills the patient for the difference between their billed charges and the amount paid by the plan. If you receive a bill for any amount over your patient responsibility (listed on your Explanation of Benefits, or EOB), we are here to help and guide you through this process.

### QUESTION

I have paid all of the listed copay, deductible and out-of-pocket amounts on my EOB, but I am still receiving this bill from my provider. Is this a balance bill?

### ANSWER

Yes! You are being billed for more than the patient responsibility listed on the EOB.

### DO NOT PAY THE BALANCE BILL!

Immediately contact the Patient Advocacy Center for assistance.

Provider Name		PROVIDER STATEMENT						
City, State	Zip Code							
456 X STREET		Statement Date:	09/10/2022	Account Number:	ABC1234	Payment Due Date:	Due Upon Receipt	Pay This Amount:
								\$782.35
Date	Patient	Description	Charge	Insurance Payments	Patient Payments	Adjustments	Insurance Pending	Insurance Balance
05/27/22	JANE DOE	Professional Anesthesia Services - Physician	1170.00	300.67	300.67	0.00	0.00	782.35
Current	Over 30 Days	Over 60 Days	Over 90 Days	Total Balance		Total Amount Due		
\$782.35	\$0.00	\$0.00	\$0.00	\$782.35		\$782.35		

Explanation of Benefits			Your Member Information		
THIS IS NOT A BILL			Name: JANE DOE EOB Date: 08/10/2022 ID No: ABC1234		
Billed Amount	\$1,170.00	This is the amount billed by the provider for health care services.			
Ineligible Amount	\$782.35	Reduced amount that is ineligible for payment. <b>This amount is not your responsibility.</b>			
Allowed Amount	<b>\$387.65</b>	Allowed Amount = Plan Payment + Patient Responsibility.			
Plan Payment	\$300.67	80% of allowed after the copay and deductible is removed.			
Patient Responsibility	\$86.98	Copay + Deductible + Coinsurance (20%) of the plan payment - <b>THIS IS ALL YOU SHOULD PAY</b>			
Patient: JANE DOE	Claim#: XYZ456779789	Provider: PROVIDER NAME			
Dates of Service 05/27/2022	Service Description Professional Service	Rmk* Code P1871	Total Charge \$1,170.00	Reduction Amount \$782.35	Allowed Amount \$387.65
Totals	\$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81
					Co-Insurance \$75.17
					Other Plan Payment \$0.00
					Paid at % 80%
					Plan Pay Amount \$300.67

<https://www.americanprogress.org/article/high-price-hospital-care/>

### PAC Contact Information

Monday - Friday, 5:30am - 5:00pm PST | 888-837-2237 | [pac@hstechnology.com](mailto:pac@hstechnology.com) | HST Connect Mobile App

Please be sure to include: Full Name | Employer Group Name | Date of Service | Copy of Bill | Copy of EOB | Your Phone Number & Email Address