

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				<div>Statement Date: 09/10/2022</div> <div>Account Number: ABC1234</div> <div>Payment Due Date: Due Upon Receipt</div> <div>Pay This Amount: \$782.35</div>				
456 X STREET								
City, State	Zip Code	PROVIDER STATEMENT						
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	

<div>Explanation of Benefits</div> <div>THIS IS NOT A BILL</div>				<div>Your Member Information</div> <div>Name: JANE DOE</div> <div>EOB Date: 08/10/2022</div> <div>ID No: ABC1234</div>							
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. This amount is not your responsibility.								
Allowed Amount		\$387.65	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 + Deductable + Coinsurance (20%) of the plan payment - THIS IS ALL YOU SHOULD PAY								
Patient: JANE DOE Claim#: XYZ456779789				Provider: PROVIDER NAME							
Dates of Service	Service Description	Rmk* Code	Total Charge	Reduction Amount	Allowed Amount	Co-Pay	Deductible	Co-Insurance	Other Plan Payment	Paidat %	Plan Pay Amount
05/27/05/27/2022	Professional Service	P1871	\$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81	\$75.17	\$0.00	80%	\$300.67
Totals			\$1,170.00	\$782.35	\$387.65	\$0.00	\$11.81	\$75.17	\$0.00		\$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 | 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