



Adjoin

Understanding Your Bill

Your Adjoin medical plan utilizes a claim review and audit program that determines the fair and reasonable cost for the medical services you receive. For a variety of reasons, your bill may not match your explanation of benefits, such as a balance bill. When you receive a bill, follow the following guidelines.

- 1 Do NOT pay the bill until you receive an EOB from BRMS.
- 2 Compare your EOB to your provider bill.
- 3 Verify the payment from insurance was applied and the total amount due matches your patient responsibility.
- 4 If the bill and EOB do not match, contact ClaimDOC, who will work directly with providers to resolve any discrepancies.

Example

Your wrist is injured during a pickleball game so you visit a local urgent care clinic. You're treated by an urgent care doctor and the office submits the claim to your medical plan.

EXPLANATION OF BENEFITS	
Urgent Care Visit	\$300
Insurance Reduction	-\$162
Plan Payment	-\$118
Patient Responsibility	\$20

URGENT CARE INVOICE	
Billed	\$300
Insurance Reduction	\$0
Plan Payment	\$118
Amount You Owe	\$182

The patient responsibility is \$20 but the provider's bill is \$182; this is a balance bill. You are not liable for any amount over your patient responsibility. You should only pay the \$20 patient responsibility, NOT the provider's invoice. If the provider continues to send bills or other communication regarding the balance bill, immediately inform ClaimDOC.

ClaimDOC Is Here to Help!



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Monday - Friday 7 AM - 6 PM CST