

HAVE YOU RECEIVED A **BALANCE BILL**?

Balance Bill: a statement from a hospital or facility claiming a higher balance than what the original Explanation of Benefits (EOB) says was owed.



IF YOU RECEIVE A BALANCE BILL:

1

CONTACT AMPS IMMEDIATELY

By Federal Law you have 60 days from the date of the initial balance bill to dispute erroneous charges. Disputes filed after **60 days** are not protected under the Fair Credit Billing Act (FCBA).

2

PAY YOUR PORTION

Make arrangements to pay your portion on time, including any deductibles, copays, coinsurance or non-covered services.

3

BE RESPONSIVE

Respond quickly to direction from your AMPS Patient Advocate.



Remember, communication within 60 days is key!

When you contact AMPS, an experienced Patient Advocate will:



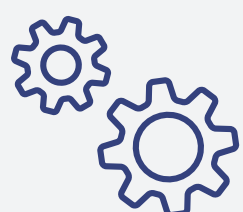
Help you understand your EOB, make you aware of your rights and explain the dispute process



Explain the balance bill process and send a Balance Bill Kit



Assist you in dealing with any communication with the facilities and bill collection activity



This process can take some time (*up to 12-18 months or more, in some cases*).

Please be patient and know that AMPS, your employer and your plan administrator are there to support you.