

The More You Know:



Your employer has partnered with Advanced Medical Pricing Solutions (AMPS) to help combat rising healthcare costs by paying hospitals what is fair and reasonable for healthcare services, that is known as Reference Based Reimbursement (RBR).

Visit Any Hospital

If you are in the 10-12% of employees that will visit a hospital or facility, you are free to visit any hospital and are no longer bound by the restrictions of “In-Network” or “Out-of-Network”.

When you visit a facility or hospital:

- The claim will be audited and fairly-priced by removing errors and determining what is a fair market value
- Patient Advocates will be notified and reach out to you to remind you to compare your Explanation of Benefits.

Compare Your Explanation of Benefits

Once you receive your Explanation of Benefits (EOB) from your Plan Administrator, always compare your “Employee’s Responsibility” portion, to what your hospital bill states is due.

For example, your EOB is stating you owe \$135, however when you review the hospital bill it states that you owe \$4,817. This is what is known as a “Balance Bill”.

If you receive a balance bill or are contacted for additional payments, immediately contact your Patient Advocate at (800)425-9373.

Our Advocates are Here for You

An experienced Patient Advocate will answer questions about balance billing, make you aware of your rights and the dispute process, send you a Balance Bill Kit, and handle communications with the provider once the dispute is filed.

Patient responsibility is a critical component.

If you can't pay the patient responsibility as shown on your EOB, set up a payment arrangement. Do not sign anything saying you'll pay more than the patient responsibility. Failure to make timely payments consistently will limit your Patient Advocate's ability to protect you against balance billing and may even expose you to additional financial liability.