

## 1. What is a balance bill?

A balance bill is a bill from a provider, hospital or facility that states you owe more than what is stated on your Explanation of Benefits (EOB).

## 2. How often does balance billing occur?

Only **4 percent** of the time does balance billing occur.

## 3. How do I know if I have received a balance bill?

After your doctor/hospital/facility visit, you will receive an EOB that notifies you of your patient responsibility. You will want to compare this to your provider bill. If the provider bill states you owe more than your patient responsibility on your EOB, this is a balance bill.

*Example: Your EOB states you owe \$135. However, the provider bill states you owe \$835. This would be a balance bill.*

## 4. What should I do if I get a balance bill?

Contact your TPA. Be prepared to send a copy of the front and back of the hospital statement to your patient advocate. Once the invalid balance is verified, your patient advocate will send you a balance bill kit.

## 5. What is a balance bill kit?

A balance bill kit includes documents that help explain the dispute process and gives AMPS the right to speak on your behalf to the provider.

## 6. Is there a deadline for disputing a balance bill?

Yes. Under the Fair Credit Billing Act (FCBA), you have **60 days** to dispute an invalid balance with the provider, so it is important that you contact your TPA immediately to connect you to an AMPS Member Advocate to start the dispute process. Disputes filed after 60 days are not protected under the FCBA. The 60 days starts from the date on the first statement you are sent, not the date of service.



### REMEMBER:

Only 4% of the time is there an issue with balance billing.



## 7. Will the provider stop sending me bills once they are notified of the dispute?

Most providers will correct the errors and cease billing after the first balance bill, but sometimes that can take a few billing cycles to be resolved. Providers typically bill on 30-day cycles and auto generate their bills. This means there is a chance you could receive a duplicate or additional bill while the provider is processing your dispute. If you do receive another bill while your dispute is being filed, please contact AMPS at **800.425.9373**.

## 8. How long does it take to resolve an invalid balance bill with the provider?

Most providers will correct the errors and cease billing after the first balance bill, but sometimes the process can take longer. The length of time it takes to reach resolution will be dependent on the specifics of your case. It can take up to 12-18 months or longer, depending on the provider.

## 9. Should I make any payments on the bill I receive?

You should only pay your patient responsibility (co-pay/deductible) as stated on your EOB. If you cannot pay the entire patient responsibility at one time, you can make monthly good faith payments against it; however, DO NOT enter into a payment agreement with the provider for any amount above what you owe as listed on the EOB.

## 10. Will my credit score be affected from a balance bill?

If the dispute is filed within 60 days, the likelihood of your credit being affected is greatly reduced. Despite our efforts, you may still be contacted by bill collectors. Should this happen, please see the "Know Your Rights" section of the balance bill kit, to be aware of your rights. The hospital will be notified that under the Fair Credit Reporting Act (FCRA), it is a violation for them to report your account to a credit reporting agency or credit bureau. Additionally, AMPS will send Fair Debt Collection Practices Act (FDCPA) violation letter(s) to the collection agency. Letters are also sent to all three credit bureaus on your behalf. You may request a free credit report at [freecreditreport.com](https://www.freecreditreport.com).



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