



Health Care Bills: Filing Health Insurance Claims

Health care you receive can be paid for in many ways. Depending on your health plan, you may be asked to pay part of the cost when you receive the care, sometimes as a co-pay. Your health plan may pay part or all of the remaining bill. But you may be responsible for the rest if the health plan doesn't pay all of the balance.

When do I need to file a claim?

A claim is a request to a health plan to pay for health care. You may need to file a claim if you see an out-of-network health care professional who doesn't accept your health plan. When you see professionals or visit facilities in your health plan's network, they usually file the claim for you.

If you need to file a claim with your health plan, here's what you need to know.

How do I file a claim with my health plan?

You'll find a claim form on most health plans' websites, along with information about how to submit the claim. Look at your health plan card for a website or a phone number to call for information about filing a claim.

What if your health care was due to an accident or illness at work? A workers' compensation program, not your health plan, may be responsible for paying the claim. When you tell your health plan your treatment was due to an accident or illness at work, it may refer your claim to a state workers' compensation program.

What will I need?

You'll need the following to file a claim:

- *An itemized bill from your health care professional or facility (provider).* The bill should include the date you received care, a description of services you received, the billing codes for each service, and the charge for each service. It's best to make a copy of the bill and attach it to your claim form. You may also need your professional's Tax Identification Number (TIN) and their National Provider Identification Number (NPI). This information should be on the bill.
- *The completed claim form.* You may be asked to provide your personal information, including social security number, health plan ID number, and, if you received treatment due to an accident or illness at work, your employment status. Answering all of the questions on the form will speed up the claim processing.

What if the form asks where to send payment?

The claim form may also ask where to send payment -- to your health care provider or to you. Please note: if you ask that the payment be sent to you, you'll be fully responsible for paying your health care professional or facility.

When do I file the claim?

File the claim as soon as possible after you receive health care. Many health plans have a deadline to file the claim, for example, 90 days after you receive care. Contact customer service or check your health plan contract to learn your health plan's timeline.

Where do I submit the claim?

You may be able to submit a claim on the health plan website. Review the claim form for more instructions. Or call the health plan at the number on your health plan card.

What happens after I file the claim?

After you file the claim, your health plan has a limited time to tell you if it will pay the claim. How long your health plan has varies by state. (For help with denied claims, see the companion guide [How to Appeal a Denied Claim](#)).

After your health plan processes a claim, it will send you a document called an *Explanation of Benefits* or *EOB*. The EOB will show how much your health plan will pay (See companion guide [Explanation of Benefits](#)). Your health plan may pay part or all of the claim based on your coverage. Remember, depending on how you filled out the claim form, the plan may send payment to you or to the health care provider. Check the EOB to know how much your plan has paid and how much you need to pay.

Your health care professional's billing office may send you a bill before your health plan has processed the claim. Call the professional's billing office and ask them to delay your payment until after the health plan has processed the claim.

**If you have a dispute with your insurer about the amount or terms of the claim,
contact the Division of Insurance for assistance.**