Q. How are claims paid currently?

A. Medical providers submit claims to the health insurance carrier for processing. The provider sends a bill to the member for any balances due after the carrier has paid.

Q. How are prescriptions paid?

A. Members pay for their prescriptions at the point of sale while at the pharmacy.

Q. Could I be asked to pay at the time of my service(s)?

A. Yes, the provider could ask for money at the time you receive your service(s).

Q. Why are providers asking for money rather than waiting for the insurance carrier to pay?

A. Providers do not always receive money due to them from members and not all members on High Deductible Health Plans have assistance from their employers.

Q. Can my provider legally ask for money at the time of my service(s)?

A. Yes, this is legal and considered “Individual Practice Management” by the health insurance carriers.

Q. What can I discuss with my provider to avoid paying the full amount?

- If the provider requires some amount of payment, you should address as follows:
- Point out that you are a patient in good standing.
- Advise that your employer contributes funds to your HSA.
- Remind the provider that the negotiated costs are unknown at the time of service.
- Ask if you can pay a minimum amount until the claim is paid.
- Before paying, call the health plan (Customer Service number on the back of your card) to verify your outstanding deductible.
- Use your HSA card to pay for the amount agreed upon.
Q. If I made payment to the provider at the time of service, how do I find out if I overpaid?

A. You should review your EOB from the health plan and look for a credit on your bill.

Q. What should I do if I overpaid?

A. You should ask your provider to refund you the overpayment and re-deposit the refund back into your HSA account (see notes* below on doing this), “OR” use the refund on another service/expense. Remember to save your receipt.

*Re-deposits to your HSA will not be taxed as additional income.
*Advise the bank that it is a re-deposit of an over-charge as banks use a special code for re-deposits.

Q. What should I do if my Provider refuses to refund the overpayment?

A. You should notify your HR Dept. who will put you in touch with AFS. AFS can contact your provider. A completed HIPAA form would be required.

Q. What should I do if my Preventive Service(s) was billed incorrectly?

A. Contact your provider to ensure the correct preventive code was used. If it was not, ask the provider to resubmit the claim with the correct code. If it was, contact Customer Service (toll free # on the back of your card). AFS can provide assistance. A completed HIPAA form will be required.

Q. What is considered a Preventive Service?

A. The following are Covered in Full Preventive Services:
   - Well Child Visit
   - Adult Routine Physical Exam
   - Adult Immunization
   - Mammography
   - Pap Smear
   - Routine GYN Exam
   - Prostate Cancer Screening
   - Colonoscopy (preventive screening)