

FREQUENTLY ASKED QUESTIONS FOR MEDICAL CLAIMS

What is the OEF number? Can I use my Union Registration number?

- Your OEF number is a number issued by the Fund specific to you and your dependents. This number can be found on your ID card issued by the Fund.
- Unfortunately, the Fund Office cannot look up information based on your Union Registration Number.

I went to the doctor's office for medical services, now what?

- For active participants and pre-Medicare retirees, the doctor's office will submit the claim to be processed by the Fund Office based on the instructions on your Health Fund ID card.
- For Medicare primary individuals, the doctor's office will submit the claim to Medicare first. Once Medicare has processed the claim, Medicare will send the claim to the Fund Office for processing.

How do I know a claim was processed?

- For each claim processed by the Fund, an Explanation of Benefits (EOB) is sent to the patient. Please make sure to look at the EOB for accuracy.

How do I read the EOB?

- The information provided on the EOB is the information received from the provider. It also shows how much was applied to the deductible (if any) and/or how much was paid by the Fund on the claim.

PROC CODE	SERVICE DATES	TOTAL CHARGE	ELIGIBLE EXPENSE	DEDUCT IBLE	BENEFIT PAYMENT	MEMBER BALANCE
99395	5/25/2018 PREV VISIT EST AGE 18-39	231.00	227.95	0.00	205.16	22.79
TOTAL:		231.00	227.95	0.00	205.16	22.79

- Total Charge: This is the amount charged by the provider.
- Eligible Expense: This is the negotiated discount amount (if available) for the service. The Eligible Expense is the amount used by the Fund to process the claim.
- Deductible: An annual deductible is a dollar amount that must be paid by you each year before the Fund begins paying benefits. The deductible period starts each year on June 1.
- Benefit Payment: This is the amount the Fund is paying for the claim.
- Member Balance: This is the amount you owe to the provider.
 - The Member balance listed on the EOB should match the patient balance listed on statements sent to you by the provider. If they do not match, please contact the provider's billing department.
- The address on the EOB may not be the exact location of where you had the appointment or services performed. Generally, the claims come from a main billing office.
- **PLEASE NOTE.** Although detailed notes may be on file with the provider, when the claim is submitted, that information is not included with the claim. Occasionally, the Fund needs more information in order to complete the processing of the claim. *Please look near the end of your EOB if more information is needed.*

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The Fund didn't pay anything on my claim. Why?

- There are a number of reasons why the Fund did not make payment on a claim. Here are some of the main ones.
 - The deductible has not been met yet.
 - On the EOB, there is a separate column for amounts being applied to the deductible.
 - Please see the Summary of Benefits for a breakdown of deductibles.
 - The Fund is awaiting more information before we can process the claim.
 - Although detailed notes may be on file with the provider, when the claim is submitted to the Fund, that information is not included.
 - If there is another insurance that would pay before the Fund pays on the claim, sometimes the primary insurance data doesn't transmit over to the Fund clearly. In those cases, we ask for the EOB from the primary insurance. A copy of the primary insurance EOB can be mailed or faxed to the Fund by the doctor or from the patient.
 - The medical service performed may have needed a Pre-certification or is being reviewed for medical necessity.
 - The Fund hires medical professionals to review claims. The Fund and/or the medical professionals will request the medical records from the provider for the review. You may be contacted to provide additional information as well.
 - The Fund may not have record of your spouse or dependents that may be covered.
 - It is important to keep your information updated with the Fund Office. The Fund asks that you fill out a new enrollment form for changes in life events, such as getting married, spouse's job change, having children, or getting divorced.
 - The Fund does not cover any services performed outside the Anthem PPO Network (very few exceptions apply such as chiropractor and hearing aid). Please make sure you are using an in-network doctor or facility.

**If you have any questions regarding claims,
please contact the Fund Office at 262-549-9190, option 3.**

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