



Out-of-Network balance billing

As a California-based member of the Adventist Health Employee Health Plan (the Plan), you may go out of network in the event you need to see a provider or use a facility that is not in network; however, your coverage may be limited and you may pay more for services.

Additionally, you may receive a **balance bill** for any services received out of network. A balance bill is a bill for the difference between what the provider or facility charged and the fair and reasonable amount the Plan paid. This bill may be substantial and is not limited by the Plan's out-of-pocket maximum.

What to do if you receive a balance bill

Should you receive a balance bill, **DO NOT PAY THE BILL**. You are able to dispute the balance bill because the provider has already been paid a fair and reasonable amount. However, it is your responsibility to take action on the balance bill to protect your credit.

If you receive a balance bill, contact MedWatch at 888-423-1605 to learn about your options for disputing or paying the bill. The Plan will pay your balance bill **ONLY IF** the below criteria is met:

- Before scheduling services out of network, the Plan member must obtain an **approved** Prior Authorization form. Visit [AdventistHealth.org/EmployeeHealthPlan](https://www.adventisthealth.org/EmployeeHealthPlan) to download a Prior Authorization form to submit to the Plan for review.

Prior authorization is not required for any emergency room or urgent care visit, but co-pay and deductible apply.

If you do not meet the above criteria, you will be responsible for paying the balance bill.

MedWatch: 888-423-1605