The Benefits Store

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How to File a Health Insurance Claim

Overview

In most cases, your healthcare provider files claims for you. However, there are situations where you may need to submit a claim yourself.

When You May Need to File a Claim

- Fee-for-service (indemnity) plans
- Preferred Provider Organization (PPO) or Point of Service (POS) plans when using out-of-network providers
- Short-term health insurance plans
- Medicare if your provider does not file in time (If it is nearing the 12-month deadline and your provider has not filed the claim, call 1-800-MEDICARE (1-800-633-4227).

Important Tips

- Review your plan documents carefully
- Keep all receipts and paperwork
- Submit claims within deadlines

Common Questions

Q: Who do I contact if my insurance doesn't follow the rules?

A: Contact your state's Department of Insurance, your employer's HR department, or the U.S. Department of Labor (EBSA).

Q: How long does an appeal take?

A:

- 72 hours for urgent care
- 30 days for non-urgent care not yet received
- 60 days for services already received

Q: What if my appeal is denied?

A: You are entitled to an explanation and can request an external review by an independent third party.

Q: What should I do while waiting on an appeal?

A: Ask your insurance company to continue covering treatment. If denied, speak with your provider about payment plans. Ask if collections can be put on hold until your appeals process is complete.

Q: Will unpaid medical bills hurt my credit?

A: Yes. Work with providers or collections agencies to avoid negative credit impact.

If your bill has already been sent to collections, speak with the collections agency and ask to pay the bill right away. But don't send a penny until you get the agency to agree to remove the bill from your credit report.

Key Takeaway

Most claims are handled for you, but understanding when to file - and how to appeal - helps avoid delays and unexpected costs.