ClaimDOC®
Fair Payment Solutions for Health Plans

Declining Providers

Options for Members

There are times when a healthcare provider is unwilling to submit claims to a new health insurance plan, even after ClaimDOC has diligently worked with their office in hopes of coming to a mutually beneficial agreement. Most of the time, their reasoning lies in the fact they have a select few insurances they accept, and they cannot deviate from that list. We understand this outcome may be frustrating, but we are here to help and let you know there are options.

1 Alternative Providers

A ClaimDOC Member Advocate will help you find a provider who already submits claims to your health plan. We likely have an existing relationship with a provider that meets your needs. If not, we will locate one or more alternatives for you to consider. If you have a choice in mind, we will reach out to them. Please contact ClaimDOC for assistance.

2 Self-Pay Option

If you would like to continue seeing your provider, even though they are unwilling to submit claims to your plan, you may continue to do so on a self-pay basis. This means you would pay your provider for the service cost and submit a Medical Claim Form to your administrator. Please be aware it's likely you may not be reimbursed for the total amount you pay, as the plan will reimburse you at the same rate it would have paid your provider. It is a fair payment amount. However, your provider may bill a higher amount, and you will be responsible for the difference. In addition, the difference is not eligible for balance bill protection.

2A Process

- Request a self-pay discount at the time of service
- Ask the provider for a copy of the itemized claim *sometimes called a super bill
- Complete your health plan's Medical Claim Form
- Submit the completed Medical Claim Form and the itemized bill from your provider to your plan administrator

After you submit the Medical Claim Form to your plan administrator, the claim should be processed within 30-45 days, and you will receive an Explanation of Benefits (EOB), along with payment (if applicable). The payment will be based on the allowable amounts for the services you received, less your Patient Responsibility (for example, your co-pay, deductible, or coinsurance amount). If you have questions about your reimbursement, please contact your plan administrator.