



Tips for Dealing with Your Health Insurance Company

- **Read your policy.** Learn what your agreement with the company actually says.
- **Note what services need preauthorization.** For a variety of services, the insurance company requires your health care professionals to document why they believe you need the procedure. They might want to know results of a mental health assessment or blood test, for example.
- **Call your insurance company.** There's usually a phone number for CUSTOMER Service on your insurance card. You can ask for clarification of what your policy covers. Just because a person calls the insurance and finds out a service is a covered benefit does not mean the insurance will authorize that particular service. There is certain medical necessity that must be met in order for an authorization to be granted for a service. *Insurance companies reserve the right to deny payment even if they have preauthorized a procedure.*
- **Get a notebook and folder to record information.** If there is a health crisis, scraps of paper with phone numbers and information scattered about are confusing.
- **Take notes in your notebook on every conversation** you have with insurance contacts and health care providers. Sometimes you may want to record word for word the answer you receive to a question. Record also
 - ◇ **NAME** of the person to whom you spoke.
 - ◇ **DATE and TIME** of the conversation.
 - ◇ **WHAT** your contact told you. Just saying, "Well, *they* told me yesterday . . ." is less effective than, "I spoke with Becky on June 21 at 10 AM and she said this procedure **WAS** covered in our policy."
 - ◇ **REFERENCE # of the call.** You'll have to ask for this. It allows the companies to more easily locate notes or recordings of the conversation.



Become familiar with terms used in your policy. www.healthcare.gov/glossary/

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