

Frequently Asked Questions

What if I need help finding a provider?

Selecting a provider who works well with your plan, right from the beginning, means you'll have fewer issues later. Just call the number on your benefits ID card, and our team will give you real-time data to help you make a choice. This includes provider location, quality ratings, estimated costs and acceptance rate of your plan.

How does ELAP Services (ELAP) make my health plan better?

Overinflated hospital bills cause health plans to raise rates and members to pay more. ELAP can help to lower your out-of-pocket costs by reviewing medical claims to make sure you only pay what is fair and reasonable.

ELAP examines charges line by line to make sure hospital and facility bills do not exceed your health plan's limits. The facility will still make a fair and reasonable profit, but this will greatly reduce excessive markups that are often seen on facility bills.

What types of medical bills does ELAP review?

Our focus is on expenses from facilities including:

- hospitals
- outpatient surgery centers
- skilled nursing facilities

How do I know ELAP reviewed my claim?

You will receive a notice from your Third-Party Administrator (TPA) notifying you that we have audited a claim for services rendered to you. If you receive a bill from a medical provider for an amount greater than what your Explanation of Benefits (EOB) states that you owe, this is called a balance bill. ELAP will work to resolve the billing issue on your behalf, so its very important to send balance bills to ELAP as soon as you receive it.

What if a facility requests payment upfront or denies care?

The only out-of-pocket expense that you should pay at the time of service is a copay or deductible (if applicable). You can contact your plan to confirm copay and/or deductible amounts.

Since ELAP's review will often reduce the amount you owe, you could overpay by paying upfront and it is unlikely the facility will reimburse you. If the facility will not perform treatment without additional funds outside of your normal copay, then you should contact your TPA immediately.

When do I need to contact ELAP?

Sometimes a hospital or facility does not accept your plan's payment and they may bill you for the balance. This is called "balance billing." You can identify one by comparing a provider bill to the Explanaton of Benefits from your TPA. If the amount owed doesn't match, it's a balance bill. Send it to us via email, fax or mail...



Email: bb@elapservices.com



FAX: 888.560.2447
ATTN: Balance Bill Response Team



Mail: 1550 Liberty Ridge Drive, Suite 330,
Wayne, PA 19087

How does ELAP help with potential balance bills?

The ELAP Advocacy team will work on your behalf to resolve the billing issue and keep you updated throughout the process. Our team includes legal representatives who will work directly with healthcare facilities and collection agencies if needed. It is **very important** that you send us any bills or notices as you receive them.

QUESTIONS about a medical bill? Contact us right away.



Your health plan's affordability partner.

TEL 1-800-977-7381 • 9 a.m. – 8 p.m. ET | FAX 1-800-977-7381 | bb@elapservices.com