



Balance Bill Protection



Balance Bill Protection is the ultimate safeguard for Freedom and Freedom Hybrid members. With Balance Bill Protection, members only are responsible for their plan's out-of-pocket costs like co-pays, deductibles and coinsurance. That's it.



What is a balance bill?

A balance bill occurs when a healthcare provider bills a patient for the difference between the provider's charge and the amount their plan allows.

Our team of advocates is here to assist you if you ever receive a bill that's higher than expected after you've already paid your part of the bill. We're here to help!



For a **REAL LIFE EXAMPLE**

of how we can help, flip the page.

What to do if you receive a balance bill



1. Receive and review your **EOB** after the visit, showing what you owe.



2. Pay your share as indicated on **EOB**.



3. Contact our Advocacy Team at 800-825-7531 or email your bill to

balancebilling@alliednational.com.



4. We handle the rest, working directly with the provider to resolve excess charges.

Quick tip: Respond promptly to any requests for information so we can resolve your bill as fast as possible. Not sure how to read your EOB, visit the [EOB page](#).

Balance Bill Protection is only available to members enrolled in Freedom and Freedom Hybrid plans. For balance bills related to PPO out-of-network claims, the No Surprises Act protects you from certain surprise balance billing.

Real Life Balance Bill Scenario Example

Let's walk through a real-life like scenario with our member, **John**, who has a **\$2,000 deductible** and then **100% plan pay coinsurance** after that.

1. The provider charges:

John receives care, and the provider sends a bill for

\$10,000

2. The health plan reviews the bill:

John's health plan "reprices" the claim — this means they apply a discount and determine what is considered the eligible amount under his plan.

- **Eligible amount:** \$7,000
- **Discount from provider's original charge:** \$3,000

3. John pays his member responsibility:

Based on his Explanation of Benefits (EOB), John owes **\$2,000**, which represents his deductible.

4. The plan pays the rest of the eligible amount:

The health plan covers the remaining **\$5,000**.

- John paid: \$2,000
- Health plan paid: \$5,000
- Total paid toward the eligible amount = \$7,000

5. The balance bill:

The provider disagrees with the plan's eligible amount and tries to collect the **additional \$3,000** (*the difference between their original \$10,000 bill and the \$7,000 eligible amount*). **That extra \$3,000 is called a balance bill that your health plan DOES NOT require John to pay.**

6. Resolution:

John contacts Allied National's advocacy team at 800-825-7531 where a dedicated specialist reassures him that our team will handle everything — and he will not owe a single dollar more. The team works toward a swift resolution with the provider and keeps John informed with regular updates. In the end, the balance bill was fully resolved — John never paid anything out-of-pocket beyond his plan responsibilities. Thanks to Allied National's Balance Bill Protection, what could have been a stressful financial burden became a worry-free experience.