The Maryland Insurance Administration (MIA) is the state agency that regulates the business of insurance in the State of Maryland. If you have a question about insurance or experience a problem, please do not hesitate to contact the MIA at 800-492-6116 or visit our website at *www.insurance.maryland.gov.*

This consumer guide should be used for educational purposes only. It is not intended to provide legal advice or opinions regarding coverage under a specific policy or contract; nor should it be construed as an endorsement of any product, service, person, or organization mentioned in this guide.

Persons with disabilities may request this document in an alternative format. Requests should be submitted in writing to the Chief, Communications and Public Engagement at the address listed below.

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INSURANCE ADMINISTRATION

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HEALTH CARE BILLS:

FILING HEALTH INSURANCE CLAIMS

Maryland
INSURANCE ADMINISTRATION

When you receive medical care, you usually pay the provider (doctor, hospital, therapist, etc.) your share of the bill. You expect your health insurer to pay the rest of the bill. To get that payment, the provider files a claim with your insurer.

But sometimes you may have to file a claim with the insurer yourself. This could happen if you see an out-of-network provider or if the provider doesn't accept your insurance.

If you need to file your own health insurance claim, here's what you need to know:

How do I file a claim with my insurer?

You'll find a claim form on most health insurers' websites, along with information on how to submit the claim. Look at your health insurance card for your insurer's website or a phone number to call for information about filing a claim.

What will I need?

You will need the following to file a claim:

- ***An itemized bill from your health care provider.*** Ask the provider for this. The bill should include the date you received care and a list of services you received with the provider's charge and a description and/or billing code for each service.
- ***Your personal information,*** including your social security number, your health insurance ID number, and, if you received medical care due to an accident or illness at work, your employment status.
- ***Whether to send payment directly to the provider or to you.*** If the insurer sends the payment to you, you're responsible for paying the provider.

When do I file the claim?

File the claim as soon as possible after you receive the medical care. Many insurers have a deadline to file a claim, such as no more than 90 days after you receive care.

Where do I submit the claim?

Look for an address on the claim form. If it's not there, check the insurer's website and the back of your health insurance card or call your insurer.

What happens after I file the claim?

After you file the claim, the insurer has a limited time to tell you if it will pay the claim. If the denial was because the insurer says the care is not medically necessary, the insurer has 30 working days to make a decision if care has not been provided yet, and 45 working days to make a decision if the care has been provided. If the insurer denied the claim for other reasons, the insurer has 60 working days to issue a decision.