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Don't ignore that bill!

Review billing materials carefully to ensure proper payment

It is important to review all bills that you receive for your health care.

If you visit one doctor, it's likely there will be only one billing. However, in other instances, it is appropriate to have multiple billings for what may appear to be one medical procedure.

For example, for treatment at a hospital there may be multiple bills from the hospital (i.e. for use of a room), from attending physicians and from an ambulance service (if that was the means of transport to an emergency room).

If there was a surgery, there may be a bill from a surgeon, from an anesthesiologist and from a radiologist if X-rays were taken.

Providers usually send claims directly to the Trust Fund and the Trust Fund sends you an Explanation of Benefits statement (EOB) when the claim has been processed. However, if the provider does not have your insurance information, the provider will send the bill directly to you instead.

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Know Your Benefits is the quarterly publication of the United Food and Commercial Workers & Employers Arizona Health & Welfare Fund. Each issue informs Fund participants about new developments and help them make the best use of their medical benefits.

Don't ignore

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Pay special attention to bills for ambulance, emergency physicians, lab or radiology services — these are services where it is most difficult for the provider to obtain your insurance information at the time of service.

If you receive a bill in the mail, contact the provider's office to verify if your correct insurance information is on file. If you keep receiving bills but do not receive an EOB, you should file the claim yourself. Call Southwest Service Administrators to find out how to file a claim.

Take an active role in your health care

If you do not forward the bill to the Trust Fund for payment, you may be stuck with the bill, which can be costly. Don't assume everything has been taken care of by someone else. Take an active role in your health care.

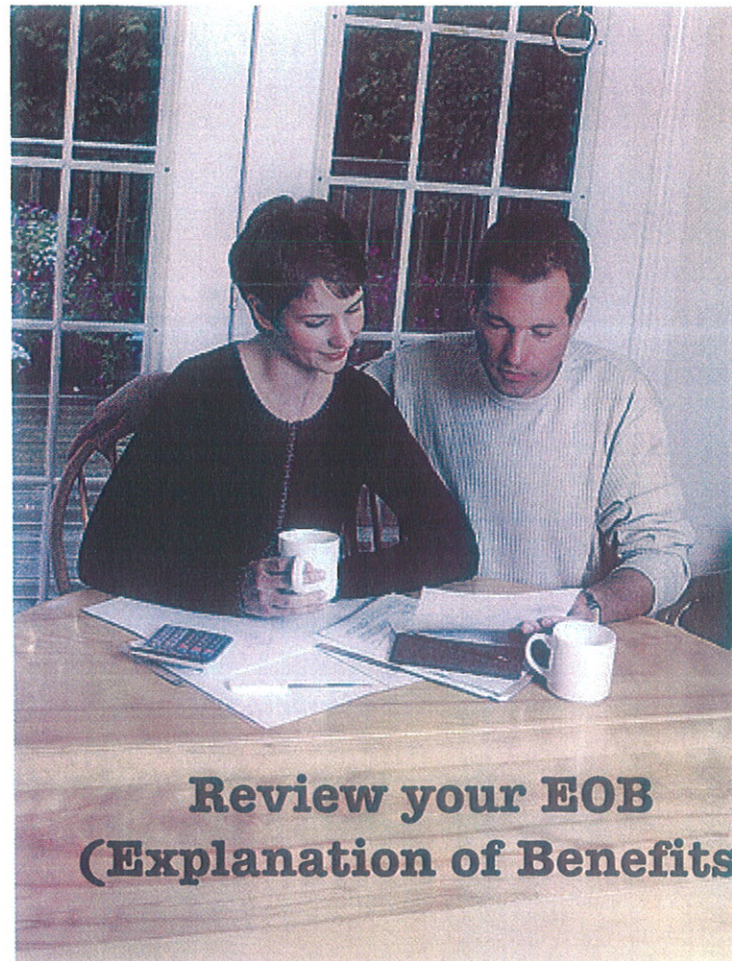
When you receive your Explanation of Benefits (EOB) from the Trust Fund, review your EOB together with the provider's bill to verify that the Trust Fund processed all applicable claims.

All claims should be submitted to the Trust Fund within 90 days. This helps everyone — you, your providers and the Trust Fund — keep track of expenses. The Trust Fund does not cover claims submitted more than 15 months after the date of service.

Please notify the Trust Fund immediately if you find that you have been billed for any services that

you did not receive. This will enable the Trust Fund to avoid paying for services that were mistakenly billed.

Your diligence will ensure that your excellent benefits will be available in the future.



Review your EOB
(Explanation of Benefits)

Find PPO providers, download forms and log on to
www.southwestservice.com

