



Member Story



Randy received a bill for over \$2,500 for a recent procedure.

The surgery was to correct a former procedure, so he thought his medical benefits were not being processed correctly.

He called Health Advocate.

His Personal Health Advocate:

1

Collected all of the information, including the date of the original procedure

2

Contacted Randy's health plan, who said the denial was based on a "once per lifetime" limit

3

Explained that the second procedure was to repair the first, and requested that the claim be reprocessed

4

Asked for regular updates from the carrier until the bill was reprocessed and covered at 100%

5

Randy trusted Health Advocate to get to the bottom of a billing error, saving him hours on the phone and thousands of dollars.

Results

**Member Story**

Brenda was experiencing worsening symptoms of arthritis, and her primary doctor recommended she be evaluated by a rheumatologist.

She also wanted to discuss coverage for an upcoming root canal, to see if she had enough in her Flexible Spending Account (FSA) to help cover the cost.

She called Health Advocate.

Her Personal Health Advocate:**1**

Searched for and located a rheumatologist in Brenda's health plan's preferred network

2

Confirmed that the provider was accepting new patients

3

Contacted the office to secure an expedited appointment

4

With Brenda on the line, contacted both her dental carrier and FSA provider for information about out-of-pocket costs for her dental procedure

5

Health Advocate helped Brenda get to the care she needed, as well as reach her employer-provided dental plan to clarify benefits.

Results