



Innovative
BENEFIT PLANNING

**SEE HOW OUR
EMPLOYEE ADVOCACY
SAVED ONE MEMBER
OVER \$22,000**

CLIENT FACTS

Non-Profit

Self-Funded

Hospital/School

500 Employees

CHALLENGES



- 1 Our client's member took her daughter to an In-Network emergency room visit and during her visit, the child received care from an out-of-network plastic surgeon.
- 2 Since the service provider of the plastic surgeon does not know the details of the plan, they sent the client a balance bill of \$22,515.
- 3 The member called her Innovative Benefit Guardian. She was extremely concerned that she would owe the facility money and have to pay the expenses out of her own pocket.

SOLUTIONS



- 1 Innovative's Benefit Guardian stepped in and immediately called the service provider. The guardian asked the provider to put a hold on the account so the member no longer received bills or the account would not be sent to collections while negotiating a solution.
- 2 After 60 days of going back and forth with the service provider and the carrier, we were able to successfully negotiate a \$0 bill for the member. During that time, Innovative's Benefit Guardian communicated status updates with the member to keep her informed during the entire process.
- 3 Since our client is self-funded, in addition to saving the member money, we were able to negotiate a lower price for the service, reducing the client's cost.

RESULTS



Saved the member \$22,515 in out-of-pocket expense.



Lowered stress. The member made one call to us and we handled the rest.



Reduced claim costs for the client.



We expedited the entire process because we knew who to call, what to ask, and the details of the contract.



Thank you, Karie. This is amazing. You took on a HUGE battle for us and did so successfully. Thank you for all the great follow up!
-member

