

Predetermination of Benefits. What is it?

A predetermination of benefits is a form or letter that is sent from your medical or treatment provider to your insurer before undergoing treatment. Your insurer can review the proposed treatment and determine how much will be reimbursed by your plan.

Why should you request a predetermination of benefits?

Whenever you're about to undergo new or expensive medical treatment or dental procedures, it's a good idea to find out up front how much your treatment will cost, how much your insurance plan will cover, and whether you'll have any out of pocket expenses.

Submitting a predetermination of benefits

- Submit a predetermination or claim form listing proposed treatments, tests, or required medical equipment to your insurance provider.
- Your insurer will typically respond with a statement outlining the amounts you will be reimbursed for.

TIP:

If you find that there is a significant disparity between the estimated costs and your reimbursement amounts, you can discuss the issue with your insurer and your treatment provider to see if there are any alternatives for you.



How you can benefit?

When you submit a predetermination of benefits, your insurer gets notice of your pending claim. Having this information on hand will save time in the adjudication process and can result in a shorter waiting period, and quicker payment of your claim. You'll also avoid any surprise out of pocket expenses.

