

After a hospital stay, a visit to your doctor or skilled nursing facility stay, you may receive many different documents. It is very important to keep these medical bills, payment statements, receipts, prescription information and claim forms together and in order.

Here are some basic tips that will help you organize this important information.

1. Always ask whether a provider (hospital, physician, home care service, etc.) will bill all of your insurance directly on your behalf; also, if they accept Medicare assignment.

Even if they agree to bill your insurances, you will regularly receive bills, statements and explanation of benefits (EOB) forms (response of the insurance company determination).

If the provider will not bill your insurance, you will then be required to submit the bill yourself, or have someone assist you in filing with your insurance company.

2. Use a large accordion folder with several pockets to keep all of your paperwork organized. Several plain folders will also work. You will need to label the pockets or individual folders for the following:

- Each provider of service
- Prescription information
- Extra insurance forms
- Miscellaneous

3. Read each bill or statement carefully. Review the information. Look for:

- The name of the provider
- The address of the provider
- The account number
- The date of and charge for service
- The description of service
- Your name and, Medicare and/or insurance information
- The phone number to call with questions

Make sure you understand the bill. If you have any questions, call the number on the statement for clarification.

4. Watching for the service date (the date you received the service) and the total amount of the charge will help you in sorting and organizing the documents related to each provider.
5. Remember to look for the explanation of benefits (EOB) form first. This will state whether a charge was paid, denied or if additional information is needed. If there is nothing for you to do, then file the form in the folder or divider assigned to that provider of service.
6. If insurance has paid on the claim, then the supplemental insurance can be billed. And, if the provider of service is handling this for you, then simply file the insurance payment form in the correct provider folder or divider.

However, if you must file with your secondary insurance, then make a photocopy of the explanation of benefits (EOB) form and the provider bill. Print on the copies your supplemental identification number, then mail both the explanation form and the itemized bill, if required, to the insurance company.

\* Please note, some insurance companies require their own claim form also be included. If you have one of these companies, follow their procedure.

7. As each provider charge is paid by your insurance, and there is no remaining balance, mark the bill as paid. File together the provider statement, the explanation of benefits (EOB) form and the other insurance determination of benefits form in the proper folder or divider.

8. To keep track of all the payments, make a record of the information on a sheet of paper for easy review. Make a list of the following:

- Provider of service
- Account number
- Date of service
- Total charge for service
- Amount paid by Medicare
- Amount paid by insurance
  
- Payment you may have made