CLAIM LIFECYCLE

1 ELIGIBILITY VERIFICATION

Provider verifies patient's eligibility and benefits.

2 SERVICES RENDERED

Patient receives care.

3 CODING

Providers translate services rendered into standardized codes.

4 SUBMISSION

Claim is submitted to insurer.

5 ADJUDICATION

Claim adjudication consists of provider pricing, a review for billing errors, medical necessity, policy coverage, and payment determination.

6 EOB

An explanation of benefits (EOB) is sent to the member, and a remittance is sent to the provider to communicate the claim's outcome.

7 APPEALS / ADJUSTMENTS

Providers and/or members can appeal the claim's outcome, which may result in an adjustment of a claim.

8 RESOLUTION

Final determinations and payments, if applicable, are made and communicated to all parties.