

Member Experience

A short guide to help you navigate your benefits plan

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How to Access Medical Care:

- Your health plan is an open network.
- This means every doctor / provider is eligible to deliver services to you and your dependents.
- If the front desk staff has any questions about your insurance that you cannot answer, advise them to call Personify at 800-843-3831.

How to Pay Your Medical Bill

- Compare the price of your medical bill to your Explanation of Benefits (EOB) before making any payment.
- You will receive your EOB in the mail.
- If the price of your medical bill matches your patient's responsibility on the EOB, you can pay the bill.
- If the price of your medical bill does not match your patient's responsibility on the EOB, this is a balance bill.

If You Receive a Balance Bill, Follow These Steps

- Call Personify at 800-843-3831 to confirm you have a balance bill.
- Personify will confirm & then transfer you to your personal member advocate at Fairos.
- You will know your Fairos Advocate's name and have direct access to them via phone & email.
- Your Advocate will set you up on the Fairos portal so you can track the status of your balance bill.
- Expect frequent updates from your Fairos Advocate at a minimum of every 15 calendar days until it's resolved.

What to expect from Fairos

- Personal member advocate dedicated to you
- Access to a portal giving you real-time updates 24/7
- No member homework / balance bill packets
- Balance bills are settled within a week to a few months
- Timely updates from your personal member advocate

For more information about your benefit plan contact Personify at 800-843-3831.

Example EOB

~personify HEALTH

Personify Health
17475 Jovanna Drive, Suite 10
Homewood, IL 60430-1032

Forwarding Service Requested
John Doe
5175 Sample Drive
Dallas, TX 75001

Claim #: 987654321-01
Patient: John Doe

Date of Service	Service Code	Charge Amount	Inteligible Code	Reason Code	Discount Amount	Eligible Expense Amount	Debitible Amount	Co-Pay Amount	Balance Amount	Paid Amount	Payment Amount
12/16/2019	34	\$100.00		07	\$125.00	\$0.00	\$0.00	\$0.00	\$0.00	100%	\$0.00
12/16/2019	34	\$200.00		07	\$40.34	\$159.66	\$159.66	\$0.00	\$0.00	100%	\$0.00
12/16/2019	49	\$7.00		07	\$2.85	\$4.15	\$4.15	\$0.00	\$0.00	100%	\$0.00
Column Totals:		\$327.00	\$0.00		\$163.19	\$163.81	\$163.81	\$0.00	\$0.00		\$0.00

Patient's Responsibility: \$163.81

Primary Carrier Allowed Amount: \$0.00
Other Credits or Adjustments: \$0.00
Total Net Payment: \$0.00

Explanation of Benefits
RETAIN THIS FOR TAX PURPOSES
THIS IS NOT A BILL.

Customer Service
Contact Personify at 800-843-3831 if you have any questions.

Enrollee: John Doe
Patient: John Doe
Member ID:
Group:
Group#:
Location:
Location Name:
Exp Code:
Date: 1/16/20

Patient #: 00001041891
Provider: Memorial Health