Transcript: Pamela Blanc-6293862562447360-5939357572448256

Full Transcript

Your call may be monitored or recorded for quality assurance purposes. Thank you for calling APL. Your call may be monitored for quality assurance. If you know your party's extension, you may dial it now. If you are a medical or dental provider, press one. For verification of benefits, questions about your claim or medical bill, or if you need assistance filing a claim, press two. For question- The information provided during this call is only a description of benefits and not a guarantee of payment or eligibility. Benefits are based on eligibility, the date services are rendered, and all plan provisions. Please hold for the next available representative. All of our representatives are currently assisting other customers. Please hold for the next available rep- Good evening. Thank you for calling APL. This is Tracy. How can I help you? Hi, Tracy. My name is Harry. I'm calling from provider office, looking for claim status. Okay, Harry. You're needing claim status. Is that correct? Yes. Yes. I can help you with that, Harry. And what is your callback number, please? Uh, callback number is 626-310-8176, extension 355. Thank you. And Harry, how many claims do you have to check status on today? Hmm. I do have one, I think. Uh, one only. Okay. And what is that patient policy number? That is 01863350. I'm sorry, Harry. Can you repeat it? There's noise in the background. Oh, yes. I wasn't able to understand what you said. Um, uh, I'm sorry for that and the policy number is 01863350. Okay. Thank you. One moment, please. And Harry, any information that I do provide for you today would be a verification of benefits... Uh, mm-hmm. ... and not a guarantee- Hello? Hello, Harry. Can you hear me? Yes. Uh, I, I can hear now. Your voice was breaking. I missed that. What is the patient's name and date of birth? Patient name is, uh, Nina Adams. January 24, 1969. Okay, thank you. And what is the date of service and total billed amount for her, please? Date of service is August 26th, 2024. Bill amount \$254. Thank you. One moment. Okay, so this claim was received on 9-24-2024, processed on 9-25-2024. The claim number is 3509944. And Harry, this claim was denied. And the reason for the denial on the claim states, "The calendar year maximum for outpatient office visits due to sickness and or accident has been met for this calendar year." So, could you repeat that denial reason? You were saying that, um, maximum benefit reached? That is correct. The exact remark states- In terms of- "... calendar year maximum for outpatient office visits due to sickness and or accident has been met for this calendar year." So, what was the limit? Four visits per calendar year. Four visits? That is correct. Limit was four visits? And when, when did this, these benefits were exhausted? One moment, Harry. And it was for another claim process on the same day prior to yours. But, uh, all four visits has been done on this calendar year? That is correct. Yes, sir. Do, do you have those date of services by any chance? No, sir. I can't provide another provider's informate claims information to you. Those are for different provider? Yes. Uh, yes. Mm. So, is this patient responsibility? We do not determine patient responsibility. That would be up to the provider. But this is, uh, benefit exhausted from this

patient, right? We are not a major, we are not a major medical insurance company and we do not determine patient responsibility. That would be up to the provider. But this is, uh, not covered under member plan, right? That is correct. Is there any provider discount? For any questions related to discount, you would have to reach out to Multiplan, who is the network provider for this network. Oh, okay. And the claim number is 3509944? That is correct. Call reference number? Again, as I explained before, you would use my name along with today's date. Sorry, sorry. Your name? T-R-A-C-I. Traci, uh, today's date. Okay. Thank you very much, Tracy. That's it. All right. You're welcome, Harry. So, is there anything else I can help you with? No, that's all I had for you. Thank you very much. Have a nice one. Okay. Well, I hope you have a nice afternoon as well and thank you again for calling APL. Yes. Bye-bye.

Conversation Format

Speaker speaker_0: Your call may be monitored or recorded for quality assurance purposes.

Speaker speaker_1: Thank you for calling APL. Your call may be monitored for quality assurance. If you know your party's extension, you may dial it now. If you are a medical or dental provider, press one. For verification of benefits, questions about your claim or medical bill, or if you need assistance filing a claim, press two. For question- The information provided during this call is only a description of benefits and not a guarantee of payment or eligibility. Benefits are based on eligibility, the date services are rendered, and all plan provisions. Please hold for the next available representative. All of our representatives are currently assisting other customers. Please hold for the next available rep-

Speaker speaker_2: Good evening. Thank you for calling APL. This is Tracy. How can I help you?

Speaker speaker_3: Hi, Tracy. My name is Harry. I'm calling from provider office, looking for claim status.

Speaker speaker_2: Okay, Harry. You're needing claim status. Is that correct?

Speaker speaker_3: Yes.

Speaker speaker_2: Yes. I can help you with that, Harry. And what is your callback number, please?

Speaker speaker_3: Uh, callback number is 626-310-8176, extension 355.

Speaker speaker_2: Thank you. And Harry, how many claims do you have to check status on today?

Speaker speaker_3: Hmm. I do have one, I think. Uh, one only.

Speaker speaker_2: Okay. And what is that patient policy number?

Speaker speaker_3: That is 01863350.

Speaker speaker_2: I'm sorry, Harry. Can you repeat it? There's noise in the background.

Speaker speaker_3: Oh, yes.

Speaker speaker_2: I wasn't able to understand what you said.

Speaker speaker_3: Um, uh, I'm sorry for that and the policy number is 01863350.

Speaker speaker_2: Okay. Thank you. One moment, please. And Harry, any information that I do provide for you today would be a verification of benefits...

Speaker speaker_3: Uh, mm-hmm.

Speaker speaker_2: ... and not a guarantee-

Speaker speaker_3: Hello?

Speaker speaker_2: Hello, Harry. Can you hear me?

Speaker speaker_3: Yes. Uh, I, I can hear now. Your voice was breaking. I missed that.

Speaker speaker_2: What is the patient's name and date of birth?

Speaker speaker_3: Patient name is, uh, Nina Adams. January 24, 1969.

Speaker speaker_2: Okay, thank you. And what is the date of service and total billed amount for her, please?

Speaker speaker_3: Date of service is August 26th, 2024. Bill amount \$254.

Speaker speaker_2: Thank you. One moment. Okay, so this claim was received on 9-24-2024, processed on 9-25-2024. The claim number is 3509944. And Harry, this claim was denied. And the reason for the denial on the claim states, "The calendar year maximum for outpatient office visits due to sickness and or accident has been met for this calendar year."

Speaker speaker_3: So, could you repeat that denial reason? You were saying that, um, maximum benefit reached?

Speaker speaker_2: That is correct. The exact remark states-

Speaker speaker_3: In terms of-

Speaker speaker_2: "... calendar year maximum for outpatient office visits due to sickness and or accident has been met for this calendar year."

Speaker speaker_3: So, what was the limit?

Speaker speaker_2: Four visits per calendar year.

Speaker speaker_3: Four visits?

Speaker speaker_2: That is correct.

Speaker speaker_3: Limit was four visits? And when, when did this, these benefits were exhausted?

Speaker speaker_2: One moment, Harry. And it was for another claim process on the same day prior to yours.

Speaker speaker_3: But, uh, all four visits has been done on this calendar year?

Speaker speaker_2: That is correct. Yes, sir.

Speaker speaker_3: Do, do you have those date of services by any chance?

Speaker speaker_2: No, sir. I can't provide another provider's informate claims information to you.

Speaker speaker_3: Those are for different provider?

Speaker speaker_2: Yes. Uh, yes.

Speaker speaker_3: Mm. So, is this patient responsibility?

Speaker speaker_2: We do not determine patient responsibility. That would be up to the provider.

Speaker speaker_3: But this is, uh, benefit exhausted from this patient, right?

Speaker speaker_2: We are not a major, we are not a major medical insurance company and we do not determine patient responsibility. That would be up to the provider.

Speaker speaker_3: But this is, uh, not covered under member plan, right?

Speaker speaker_2: That is correct.

Speaker speaker_3: Is there any provider discount?

Speaker speaker_2: For any questions related to discount, you would have to reach out to Multiplan, who is the network provider for this network.

Speaker speaker 3: Oh, okay. And the claim number is 3509944?

Speaker speaker_2: That is correct.

Speaker speaker_3: Call reference number?

Speaker speaker_2: Again, as I explained before, you would use my name along with today's date.

Speaker speaker_3: Sorry, sorry. Your name?

Speaker speaker_2: T-R-A-C-I.

Speaker speaker_3: Traci, uh, today's date. Okay. Thank you very much, Tracy.

Speaker speaker_2: That's it. All right. You're welcome, Harry. So, is there anything else I can help you with?

Speaker speaker_3: No, that's all I had for you. Thank you very much. Have a nice one.

Speaker speaker_2: Okay. Well, I hope you have a nice afternoon as well and thank you again for calling APL.

Speaker speaker_3: Yes.

Speaker speaker_2: Bye-bye.