

Life of a Claim



You visit your provider.

When you visit any medical provider, there will be a claim. This can be your family doctor, a specialist (such as a cardiologist or podiatrist), an urgent care, the ER, an ambulance ride and more.



Your provider sends the claim to Health Net.

Each service your provider performs is coded into numbers and placed on a claim form. The provider's charges for the service are also on the claim form. The provider mails the form to Health Net or sends it electronically through a secure portal.



Systems review claim for accuracy.

Health Net software looks over the claim to make sure information is correct. The software checks your member ID, name and birth date against what we have on file. The software also checks to make sure billing policies and state or federal regulations are followed.



Review of your benefits.

The software and claim analyst look at your plan to apply copays or cost shares you have.



A decision is made.

Based on the information listed above, Health Net will pay or deny the claim. Sometimes Health Net may pay some parts of the claim and deny other parts of the claim. Health Net processes the claim an average of 30 days after we receive it.

Questions?

1-888-802-7001, option 1

1-888-802-7122 (TTY)

Customer Service
can help