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70 in anticipation of benefit claims. If administrator 40 finds that a benefit claim is payable, it draws the money from funding account 70. Administrator 40 then generates an explanation of benefits and a check for the benefit payment. The explanation of benefits and check are then sent concurrently to health care provider 30. Drawbacks associated with the prior art include the cost and time associated with generating hardcopy checks and sending them by mail to health care provider 30. A long-felt but unfulfilled need exists in the art to reduce this transactional cost and speed up payment of benefits to health care provider 30.

In FIG. 2, claim 80 is received. Claim 80 is then evaluated to determine whether it is payable under the terms of an applicable policy. If claim 80 is not even partially payable, then non-payment EOB 90 is generated and transmitted to health care provider 30 without payment. However, if claim 80 is at least partially payable, then stored-value card account 100 is loaded with funds equal to the amount of the payable benefit. Payment EOB 110 is merged with stored-value card account 100 to generate image file 120. Image file 120 includes payment EOB 110 and a computer-generated facsimile of a physical stored-value card complete with the card number, expiration date and security verification code. Image file 120 is transmitted to health care provider 30 by a suitable transmission medium including, but not limited to, fax, SMTP, SMS, MMS, HTTP, HTTPS, and FTP.

In FIG. 3, insured 20 having coverage provided by payer 50 consumes services by health care provider 30. Health care provider 30 then submits a benefit claim to administrator 40 which adjudicates the benefit claim in accordance with pre-existing guidelines. If payment is appropriate on the benefit claim, a transfer of funds is made between payer's account 60 and its funding account 70 (to which administrator 40 has access). Stored-value card processor 130 then loads funds from funding account 70 onto a stored-value card account. The stored-value card account is chargeable only on a medical services terminal and it cannot be charged over the amount loaded onto it. The card number, the security verification code and the expiration date of the debit card account are merged with the explanation of benefits generated by administrator 40 into image file 140 which is then transmitted back to health care provider 30.

FIG. 4 illustrates an exemplary embodiment of a merged EOB and stored-value card account payment.

It will be seen that the advantages set forth above, and those made apparent from the foregoing description, are efficiently attained and since certain changes may be made in the above construction without departing from the scope of the invention, it is intended that all matters contained in the foregoing description or shown in the accompanying drawings shall be interpreted as illustrative and not in a limiting sense.

It is also to be understood that the following claims are intended to cover all of the generic and specific features of the invention herein described, and all statements of the scope of the invention which, as a matter of language, might be said to fall therebetween. Now that the invention has been described,

What is claimed is:

1. A method of facilitating payment of adjudicated health care benefits to a health care provider on behalf of a payer comprising the steps of:

loading a unique, single-use, stored-value card account with an amount equal to a single, authorized benefit payment, the card account only chargeable through a medical services terminal;

generating an explanation of benefits associated with the payment;

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creating a computer-generated image file containing the stored-value card account number, the amount, a card verification value code, an expiration date, and the explanation of benefits;

transmitting the image file by fax to the health care provider; and

reconciling the charged card account to confirm that the health care provider has received payment.

2. A method of facilitating payment of adjudicated health care benefits to a health care provider comprising:

identifying the health care provider that renders medical services in anticipation of payment;

identifying a payer that has agreed to pay the health care provider on behalf of a patient subject to preselected conditions;

identifying an administrator that determines whether the medical services conducted by the service provider meet the preselected conditions by the payer, generates an explanation of benefits, and authorizes payment of the service provider for an authorized amount;

intercepting the explanation of benefits and payment information transmitted from the administrator to the health care provider;

acquiring a single-use, stored-value card account number and loading it with funds equal to the authorized amount;

merging the stored-value card account number, the authorized amount, a card verification value code, and an expiration date with the explanation of benefits into a computer-generated image file; and

transmitting the image file to the health care provider via a computer-implemented transmission.

3. The method of claim 2 wherein the image file is transmitted by fax.

4. The method of claim 2 further comprising the step of reconciling the charge incurred against the stored-value card account number to confirm the health care provider has been paid for the services approved by the administrator.

5. The method of claim 2 wherein the stored-value card account number is chargeable only through a medical services terminal.

6. A method of facilitating payment of adjudicated health care benefits to a health care provider on behalf of a payer comprising the steps of:

loading a unique, single-use, stored-value card account with an amount equal to a single, authorized benefit payment, the card account only chargeable through a medical services terminal;

generating an explanation of benefits associated with the payment;

creating a computer-generated image file containing the stored-value card account number, the amount, a card verification value code, an expiration date, and the explanation of benefits;

transmitting the image file by a computer-implemented electronic transmission medium selected from the group consisting of fax, SMTP, SMS, MMS, HTTP, HTTPS, and FTP to the health care provider wherein the electronic transmission includes a computer-generated image of a physical card; and

reconciling the charged card account to confirm that the health care provider has received payment.

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