



BILLING POLICY STATEMENT

It is the policy of Ameritox to bill as appropriate for all services rendered.

PATIENT'S COVERED BY A FEDERAL OR STATE HEALTH CARE PROGRAM

- 1) Ameritox will first submit a claim to the governmental carrier for each test ordered, including add-ons and confirmations;
- 2) Any subsequent billings to the patient are determined strictly by the governmental carrier's response to our charges. Patient responsibility, including co-pay, deductible and co-insurance amounts, is determined by the patient's insurance carrier. Ameritox will bill the patient for the patient responsibility amount as indicated on the explanation of benefits ("EOB") provided by the patient's insurance carrier.
 - If the amount deemed patient responsibility by the governmental carrier that is billed to the patient poses a hardship, Ameritox offers Financial Assistance and other payment options as appropriate to the patient's individual situation.
 - Ameritox is dedicated to working with each patient on an individual basis through our Customer Service department who can be reached at (877) 643-6179 or **Customer.Service@ameritox.com**.

After the patient's governmental carrier has processed the initial claim, one of the following will occur:

- a) The governmental carrier pays Ameritox an allowed amount and notifies Ameritox that there is no amount due from the patient. In this case, Ameritox accepts the governmental carrier's payment, and the claim is considered paid in full.
- b) The governmental carrier covers the tests, pays Ameritox an allowed amount and notifies Ameritox of a deductible, co-payment or co-insurance amount due from the patient. **Ameritox cannot waive the amount deemed patient responsibility by the governmental carrier.** The patient will receive a bill for the amount indicated by the governmental carrier as the patient's responsibility.
- c) The governmental carrier does **not** cover the tests and does **not** pay Ameritox for any portion of the charges. The governmental carrier notifies Ameritox that the charges are the patient's responsibility for payment. Again, **Ameritox cannot waive the amount deemed patient responsibility by the governmental carrier.** The patient will receive a bill for the amount indicated by the governmental carrier as the patient's responsibility.
- d) The governmental carrier cannot identify the patient and denies the claim. In this case, Ameritox sends the patient a letter requesting updated insurance information or payment of the outstanding balance. The patient is encouraged to call our billing help line for assistance or clarification as needed.
- e) In all situations where the patient is responsible for a portion of the payment, Ameritox will make reasonable collection efforts to obtain this payment.

Patient's whose claims are denied, and who do not respond to Ameritox's requests for information, will be billed full charge. These patients should call Customer Service at (877) 643-6179 to discuss account information.

INSURED PATIENTS

1. Insurance Pay:

For those patients with health care coverage **through a private or commercial insurer**, Ameritox will bill charges to their insurance carrier on their behalf.

If Ameritox has a contract with the patient's specified insurance carrier, the following will occur:

- 1) Ameritox will first submit a claim to the in-network insurance carrier for each test ordered, including add-ons and confirmations;
- 2) Any subsequent billings to the patient are determined strictly by the patient's insurance carrier's response to our charges. Patient responsibility, including co-pay, deductible and co-insurance amounts, is determined by the patient's insurance carrier. Ameritox will bill the patient for the patient responsibility amount as indicated by the patient's explanation of benefits ("EOB") provided by the insurance carrier.
 - If the amount deemed patient responsibility by the insurance carrier that is billed to the patient poses a hardship, Ameritox offers Financial Assistance and other payment options as appropriate to the patient's individual situation.
 - Ameritox is dedicated to working with each patient on an individual basis through our Customer Service department who can be reached at (877) 643-6179 or Customer.Service@ameritox.com.

After the patient's insurance carrier has processed the initial claim, one of the following will occur:

- a) The insurance carrier covers the tests, pays Ameritox the contractual amount and notifies Ameritox that there is no amount due from the patient. In this case, Ameritox accepts the insurance carrier's payment and the claim is considered paid in full.
- b) The insurance carrier covers the tests, pays Ameritox an approved amount and notifies Ameritox of a deductible, co-payment or co-insurance amount due from the patient. Ameritox cannot waive the amount deemed patient responsibility by the patient's contracted insurance carrier. The patient will receive a bill for the amount indicated on their EOB by the insurance carrier as the patient's responsibility.
- c) The insurance carrier does **not** cover the tests and does **not** pay Ameritox for any portion of the charges. The insurance carrier notifies Ameritox that the charges are the patient's responsibility for payment. Again, Ameritox cannot waive the amount deemed patient responsibility by the insurance carrier with whom Ameritox has a contract. The patient will receive a bill for the amount indicated by their insurance carrier as the patient's responsibility. If this amount poses a financial hardship for the patient, Ameritox will work with the patient on a case-by-case basis.
- d) The insurance carrier cannot identify the patient and denies the claim. In this case, Ameritox sends the patient a letter requesting updated insurance information or payment of the outstanding balance. The patient is encouraged to call our billing help line for assistance or clarification as needed.



- e) Patient's whose claims are denied, and who do not respond to Ameritox's requests for information, will be billed. These patients should call Customer Service at (877) 643-6179 to discuss account information.

Note that in Insurance Pay scenarios where Ameritox has a contract with the insurance carrier, Ameritox will only bill the patient for the amount allowed by the insurance carrier as the patient's responsibility. Additionally, Ameritox will work with patients on an individual basis to establish payment options on any outstanding balances. All invoices include a toll free number for patients to contact Ameritox directly with questions or concerns.

If Ameritox does not have a contract with the patient's specified insurance carrier, the following will occur:

- 1) Ameritox will first submit a claim to the patient's insurance carrier for each test ordered, including add-ons and confirmations;
- 2) Information provided by the insurance company is used to determine any subsequent billings to the patient, however, Ameritox ultimately works with the patient to determine the portion that is the patient's responsibility.
- 3) If the patient's insurance carrier send's the patient a check directly as payment for Ameritox's laboratory services, the patient is responsible for paying this money to Ameritox directly. This can be done by writing on the back of the check, "Pay to Ameritox, Ltd." and include one's signature. Then mail the check to Ameritox at address below:

Ameritox, Ltd.
C/O Bank of America
PO Box 402166
Atlanta, GA 30384-2166

After the patient's insurance carrier has processed the initial claim, one of the following will occur:

- a) The insurance carrier pays Ameritox an amount and notifies Ameritox that there is no amount due from the patient. In this case, Ameritox accepts the insurance carrier's payment, recognizes an adjustment for the difference and the claim is considered paid in full.
- b) The insurance carrier informs Ameritox that the entire amount (less any contractual allowance) is the patient's responsibility because the patient has not met his/her deductible. Ameritox will bill the patient for either the full amount or for an amount lower, but still an amount that would be, at a minimum, slightly higher than the Medicare allowable amount. If this amount poses a financial hardship for the patient, Ameritox will work with the patient on a case-by-case basis.
- c) The insurance carrier does not cover the tests and does not pay Ameritox for any portion of the charges. The insurance carrier notifies Ameritox that the charges are the patient's responsibility for payment. The patient will receive a bill from Ameritox that is lower but is still an amount that would be, at a minimum, above the Medicare allowable amount. If this amount poses a financial hardship for the patient, Ameritox will work with the patient on a case-by-case basis.
- d) The insurance carrier cannot identify the patient and denies the claim. In this case, Ameritox sends the patient a statement requesting updated insurance information or payment. The patient is encouraged to call our billing help line for assistance or clarification as needed.



- e) Patient's whose claims are denied, and who do not respond to Ameritox's requests for information, will be billed. These patients should call Customer Service at (877) 643-6179 to discuss account information.
- f) In all situations where the patient is responsible for a portion of the payment, Ameritox will make reasonable collection efforts to obtain this payment.

2. Private Pay:

For those patients with health care coverage or some form of medical savings plan, but who prefer to pay for Ameritox services directly, Ameritox offers direct billing at Private Pay rates. These billing amounts vary significantly depending upon the panel selected, add-on tests requested and number of confirmation tests required. The service requisition must clearly state Private Pay. Amounts billed under Private Pay are due in full in 30 days.

UNINSURED PATIENTS

In this time of economic uncertainty, Ameritox understands that providing quality patient care can be complicated by concerns about cost. Patients without health insurance, in particular, may resist necessary services, such as pain medication monitoring, because they are worried about the expense. At Ameritox, we are committed to providing the best patient care to everyone, regardless of their current economic situation.

Ameritox charges a fixed fee of \$99 per specimen for all uninsured patients (i.e. **patients without health insurance**). This rate will be applicable regardless of the panel, add-ons or number of confirmations ordered. This program is in addition to, and does not replace, our current financial assistance program, which we believe remains one of the most patient-friendly billing policies in the industry.

The fee reduction in no way reflects the value of Ameritox services but is offered to help uninsured patients afford the prescribed care. Additionally, **due to CMS regulations, it is imperative that this discount be provided only to those patients with no healthcare insurance.** To that end, our client's office staff should exhaust all other insurance possibilities prior to indicating that the patient is uninsured. In order for a patient to be billed at the Uninsured rate, the service requisition must clearly state "Uninsured" in the appropriate Primary Payer Group section. Amounts billed to uninsured patients at the \$99 rate are due in 30 days. Patients who cannot afford to pay their billed charges are encouraged to request financial assistance prior to making any payment to the account.

WORKERS COMPENSATION PATIENTS

Services performed for Workers Compensation patients will be billed at our standard rates.



FINANCIAL ASSISTANCE

Ameritox offers a compassionate billing policy and is committed to work with each patient individually to develop payment options that do not pose a hardship to our patients and their families. All patients are encouraged to call Customer Service if they have questions or concerns about their bill.

Ameritox offers Financial Assistance discounts for those who meet certain financial criteria, which are based on Federal Poverty Guidelines. A Financial Assistance Application and prepaid return envelope is sent upon request by the patient. Supporting documentation is required with each application. The application sets forth particular parameters that must be met in order for a patient to be eligible for financial assistance.

Patients who cannot afford to pay their billed charges are encouraged to request financial assistance prior to making any payment to the account. Once made, appropriate payments cannot be refunded. All discounts are strictly between the patient and Ameritox, and discounts cannot be made on behalf of the patient by Ameritox employees or physician practices.

PATIENT FINANCIAL SERVICES CONTACT INFORMATION

Ameritox Customer Service Center
7090 Samuel Morse Drive, Suite 300
Columbia, MD 21046

Customer Service
Phone: 877-643-6179
Fax: 443-718-5501
Email: customer.service@ameritox.com

Error Processing
Phone: 877-643-6179
Fax: 443-718-5504
Email: missing.information@ameritox.com