

Hematologies, Inc.

Physical Laboratory: 3161 Elliott Ave., Suite 200, Seattle, WA 98121
Billing Office: PO Box 24712, Seattle, Washington 98124
Billing Office Phone: (206)799-9491, Billing Office Fax: (866) 383-6743



HEMATOLOGICS BILLING POLICIES

To establish guidelines for insurance, client and patient billing and the offering of discounts and write-offs

MINIMAL RESIDUAL DISEASE TESTING

Minimal Residual Disease by Flow Cytometry, including all additional testing ordered on the same specimen, is client billed only.

INSURANCE BILLING

Hematologies can bill insurance companies for services performed in the laboratory with the following considerations.

Submission of a sample to Hematologies indicates agreement to the below requirements.

- Medicare OPPS and insurance IP-DRG billing rules will apply to technical CPT codes and components that are required to be billed to the hospital.
- Services for patients with Veterans Choice and/or Veterans Community Care plans will bill to the hospital in order for the services to be covered by the patients referral to be seen outside the Veterans Hospital System.
- The ordering provider's office must provide patient demographic information and complete insurance information. It is the responsibility of the ordering provider's office to verify if the ordered testing is covered for the patient's condition and/or if prior authorization is required. Medicare LCDs and known prior authorization requirements are published on our website.
- For laboratory services claimed to third party insurance that are denied for reimbursement by the insurance company, including, but not limited to: patient was not eligible on the date of service, test(s) ordered were not considered medically necessary by Medicare LCD or other insurance coverage policies or exclusions, or prior authorization was not obtained by the ordering physician's office, Hematologies will bill the ordering hospital or clinic for the denied testing in accordance with the provided fee schedule.

We negotiate in network status with most of the major private insurance companies. We have established financial support programs for patients without insurance, and work compassionately with those patients who cannot afford to pay for our services. For many patients with insurance, however, individual insurance plans, including governmental programs, may hold the patients responsible for a portion of Hematologic's charges.

Insured patients are billed deductibles, co-insurance and co-payments as required by their insurance provider. Hematologies will bill patients for any applicable deductible, co-insurance and co-payment amounts, as reflected on explanations of benefits ("EOBs") or similar statements furnished by the insurer. These amounts are determined by the insurer, not by Hematologies.

When Hematologies is not in-network with a private insurance plan, we comply with the "No Surprises Billing Act (45 CFR Part 149) and do not balance bill patient for an amount greater than the in-network cost-sharing requirement.

Uninsured patients will be billed for all charges in full with uninsured discounts available upon request.

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CLIENT BILLING

Hospitals are billed monthly with payment due net 60 days. Clients will be reinviced for unpaid services 90 days from initial invoice.

PATIENT BILLING

Once a patient's explanation of benefits has been received, payments and insurance assigned discounts will be applied and the remaining balance billed to the patient.

A good faith attempt to collect the amount owed will be made to include no less than two statements in addition to this initial, post EOB statement.

Hematologies does not employ aggressive forms of collection.

PATIENT DISCOUNTS FOR UNINSURED AND UNDERINSURED PATIENTS AND FINANCIAL AID

Hematologies understands that providing quality patient care has a related cost, which in some situations may be burdensome for patients and result in patients avoiding certain necessary services because they are concerned about the expense. Hematologies is committed to delivering the best patient care to all, and to meet this objective has established guidelines to ensure affordable access to our services.

If a patient contacts Hematologies with requests for discounts, write-off's or financial aid, the following guidelines will be applied.

- If a patient is uninsured or their health plan does not cover the test, Hematologies may offer an uninsured/non-covered rate for each test. This amount will be determined for each test as part of our internal price sheet.
- Payment Plans may be entered into for outstanding balances. Monthly amount to be determined individually.
- Patients with special financial needs may be eligible for additional support to help defray some of our testing costs. Hematologies will make assessment of eligibility for financial support based on a submitted financial aid request form and in accordance with federal guidelines.
- We will accept and match the financial aid support as determined by another healthcare institution without requiring the patient to complete additional forms. A copy of the financial aid award from the other healthcare provider must be provided by the patient and will be retained in the patient's records.
- In special cases when patients express extreme anger, emotionally break down, threaten or otherwise exhibit irrational behavior, Hematologies considers it to be a prudent business practice to not exacerbate these exceptional circumstances. The determination to waive the patient's charges or cease collection attempts will be decided on an individual basis by the billing manager and documented in the patients billing record.