

# Our Insurance Billing Program

## Patient Guidelines

Please do not discard this information until the billing cycle is complete.



Our billing program allows patients to enjoy the benefits of their medical insurance services. It is an affordable option for patients with private or commercial health insurance, including Medicare Advantage plans.

### Our program has two payment schedules:

Schedule A and Schedule B. Identify the most suitable option for you by reviewing the Schedule A and Schedule B details here.

## Two Options

### It's Easy:

- Determine whether your insurance falls within Schedule A or Schedule B pricing.
- Please see your practitioner to determine the amount to submit with your specimen.
- Complete the patient information fields on the requisition. Be sure to include:‡
  - Payment Method
  - DX Code (This is provided by your healthcare practitioner)
  - Billing Method
  - Health Insurance Information
- The payment submitted will be applied to the amount due as indicated on the Explanation of Benefits (EOB) provided by the insurance provider.

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‡ Please be aware that if any of the items listed above are not included with the requisition, it may result in disqualification from the program.

### Schedule A amount<sup>1</sup>

- All insurance providers (including both HMO and PPO plans) with the exception of traditional government insurance plans and the insurance providers listed under Schedule B below (Patients with Traditional Government insurance plans please see reverse for more information.)

### Schedule B amount

- Insurance providers listed below:
  - Aetna      Kaiser
  - Humana    Tufts
  - Principal
  - Blue Cross Blue Shield (BCBS) Federal Employee Program<sup>2</sup>
  - Blue Cross Blue Shield:
    - For all tests if your practitioner is located in North Carolina
    - For most tests if your practitioner is located in New Jersey<sup>3</sup>

Patients without insurance should provide the Schedule B amount.

### Explanation Of Benefits

Benefits Summary - THIS IS NOT A BILL



John Doe  
123 Oak Street  
Springfield MA 21140



**myInsurance Company**

369 Bright Street | Bowling Green, KY 42104 | 899.999.9999

Date: 10/28/13  
Provider #: 268359  
Tax ID #: 3676521

Co-Pay	Deductions	Total	Patient Responsibility
\$40	\$21.46	\$170.32	\$108.86

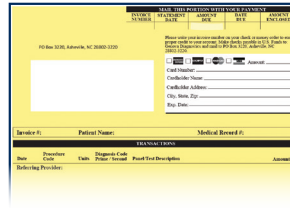
# Important Questions & Answers

## It's Easy:

- If all the required information is received, a claim will be filed to your insurance carrier at the list price of the lab test.
  - You may be required to provide a copy of the complete EOB from your insurance provider to be eligible for this program.
  - If you receive payment directly from your insurance provider, the payment must immediately be forwarded to us.
  - After your insurance has processed the claim, we will mail two notices (yellow statements), twenty-one days apart, reflecting any unmet deductibles, co-insurance, or co-pays.
- Please be sure to include all requested information.

## Under what circumstances will you receive a bill?

### Yellow Statement



### Reason:

Statement of copay/deductible/co-insurance, as assigned by your insurance carrier

### Blue Statement



### Reason:

The blue statement indicates that you are not participating in the billing program.

**A blue statement indicates action is needed to prevent potential collections activity. Reasons for a blue statement include:**

- Notice to forward insurance payment made directly to the patient, or because we didn't receive your schedule A or B payment
- Information needed to process insurance billing was not received such as insurance information, diagnosis code, medical records, or explanation of benefits

## Traditional Medicare, Medicaid and Tricare

We are a Medicare provider and will file claims directly with Medicare for medically necessary services ordered by authorized healthcare practitioners.

Any amounts assigned by the insurance carrier as patient responsibility will be billed to the patient.

Patients covered by Medicare (except Medicare Advantage) and other government payors are not eligible for our commercial insurance billing program. For tests not covered by Medicare, Schedule B is recommended.

If you are covered by Medicare, Medicaid, Tricare or another government healthcare program, please visit [www.gdx.net/patients/billing-and-payments/medicare](http://www.gdx.net/patients/billing-and-payments/medicare) for program details.

## The Small Print:

### Other Program Details and Requirements

- For in-network insurance providers, your payment will be applied towards your total amount due as indicated on the EOB provided by the insurance company.
  - For out-of-network insurance providers, your payment will be applied prior to submitting insurance.
1. Patients with an HRA/HSA account may want to contact their insurance company to verify if amounts are automatically deducted when a claim is processed; if so, they should consider turning off this feature, or use our "No Insurance Billing Option" and provide the schedule B amount to avoid a substantial deduction to their account
  2. Patients with BCBS Federal Employee Program (FEP) may be eligible for either Schedule A or Schedule B depending on their location. To determine whether your FEP program is eligible for Schedule A or B, please call 800.522.4762.
  3. Payment amounts may vary for BCBS patients receiving services from practitioners in NJ and IL. For details, please refer to our website at [www.gdx.net/billing](http://www.gdx.net/billing).