

SUMMARY OF BILLING POLICY

Cleveland HeartLab (CHL) offers advanced laboratory tests that can help you and your medical provider have a better understanding of your risk for heart disease, other chronic disease and overall wellness. Our Patient Advocates, who are experts in our billing process as well as navigating the claims process, are available to assist you. Our Patient Advocates can be reached at **866.358.9828, option 2** with any questions regarding the following billing options and/or status of your account with CHL **Monday – Friday from 8:00 AM – 7:00 PM EST.**

Government Programs

- **Medicare** – Cleveland HeartLab is an approved provider to Medicare. If you only have Part A coverage, then lab tests will not be reimbursed by Medicare and you will be responsible for payment. If you have Part B coverage then the tests if medically indicated will be fully covered by Medicare. In the case where the test may not be covered by Medicare, an Advance Beneficiary Notice (ABN) form is required. You will receive advance notification of any tests that require an ABN from your medical provider showing the estimated amount that you will be billed.
- **Managed Medicare, Medicare Advantage or TRICARE** – CHL is obligated to invoice the patient per the Explanation of Benefits (EOB) from these government funded programs. The patient will be invoiced after receipt of the EOB if co-insurance or deductible responsibility is indicated.
- **Medicaid or Managed Medicaid** – CHL only accepts patients under those Medicaid plans where CHL is an approved provider. Please contact a Patient Advocate.

Insurance

- **In-Network Insurance** – This policy applies if CHL is contracted as an in-network laboratory provider with your insurance company. We will file a claim with your insurance company and you will receive an invoice reflecting your co-insurance or deductible responsibility in accordance with your insurance benefits and the EOB for the lab testing.
- **Out-Of-Network Insurance – EasyPay Program** – This policy applies if CHL is not contracted with your insurance company. To address your co-pay responsibility, we designed the EasyPay program to provide predictability and reflects our good faith estimate of the likely co-insurance after the insurance remittance. For more information on our EasyPay program please contact one of our Patient Advocates.

Health Savings Account (HSA) Insurance/Health Reimbursement Account (HRA)

If you are currently enrolled in a HSA/HRA account, CHL has established a market price for our testing. We are not able to identify, at the time of testing, that you have an HSA/HRA account which results in possible payment at list prices. Once you receive your Explanation of Benefits please contact a CHL Patient Advocate at 1-866-358-9828, option 2 and they will refund any amount paid in excess of the established market prices.

PLEASE NOTE: *If you have opted out of laboratory services being part of your HSA account you will receive an invoice from CHL reflecting our EasyPay co-pay amount. To verify if laboratory services are part of your HSA or if you have the option to opt out you should contact your Human Resources Department.*

Patient Self-Pay

If the requisition form indicates you are responsible for payment, then you will receive an invoice that reflects CHL's standard test prices. Discounts may be available for prompt payment; please contact a CHL Patient Advocates for details.


(Additional Information On Back)

□ Patient Assistance Program

Patients with financial hardships are eligible to complete CHL's application that may qualify you for extended payment terms and/or other options. Please contact our Patient Advocates at 866-358-9828, option 2 who can give you more information about this program.

□ Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a form or document that may be sent to you by your insurance company after you had a healthcare service that was processed by the insurance company. **Your EOB is not a bill**, but a summary of your medical services as covered under your insurance or government program.



Insurance Company
123 Main Street | Cleveland, OH 44103 | 866.358-9828

EXPLANATION OF BENEFITS
Benefits Summary - **THIS IS NOT A BILL**

Date: 11/5/55
Provider Number: 12345678
Tax ID Number: 9876543

Co-Pay	Deductions	Total	Patient Responsibility
\$40	\$27.55	\$344.43	\$411.98

THIS IS NOT A BILL
Do not pay the amount the insurance company says is the patient responsibility.

PAYMENT OPTIONS



Online Credit Card Payment:

You can make a secure online payment to Cleveland HeartLab by going to www.mylabbill.com

- The patient name, account number, and payment amount will need to be entered to make an online payment.
- We accept VISA, MasterCard, Discover and American Express at no additional cost to you.



Phone Credit Card Payment:

You can make a credit card payment by phone by speaking with one of our Patient Advocates at 866.358.9828 (Option 2). We accept VISA, MasterCard, Discover and American Express at no additional cost to you.



Payment by Mail:

You can make a payment by mail by sending a remittance advice with a check to the following address:

Cleveland HeartLab Inc.
Dept. CH19534
Palatine, IL 60055-9534

