

BOSTON HEART BILLING GUIDE

Your healthcare provider has selected Boston Heart to perform your diagnostic laboratory testing. To help you understand our billing policies, here are a few things you will need to know.

To obtain an estimated out-of-pocket cost† for your Boston Heart tests, follow these steps:

1. Ask your healthcare provider for a lab order that includes test codes.
2. Call the Boston Heart Customer Care Department at **877.425.1602** to request CPT procedure codes for your lab tests.
3. Call your health insurance company and ask them for an estimated cost for your lab tests.
4. Let the insurance company know you have CPT codes for your tests , **Boston Heart's Tax ID: 208833340, and NPI: 1922259753.**
5. **IMPORTANT: if Boston Heart is out-of-network with your health insurance company, please ask them if you have out-of-network benefits.**
6. Ask your health insurance company what portion of the charges they will allow or approve, and how much of the allowable will be applied to your deductible, co-insurance, and/or copay.

You are responsible for any amounts not covered by your insurance company including all deductibles, co-insurance, and/or copays.

You may receive a bill from Boston Heart if any of the following apply:

- Boston Heart has filed a claim with your health insurance company and your health insurance company has assigned you a portion of the charges as patient responsibility.
- You are paying for Boston Heart laboratory testing yourself or we were not provided with your insurance information.
- Your health insurer sent payment for our laboratory testing directly to you. If you receive payment from your health insurer, follow the instructions on the back of this guide to send payment to Boston Heart.

Here are your options if you receive a bill from Boston Heart:

You are able to pay your bill online, by mail or by phone. Detailed information on how to pay your bill is listed on the back of this guide. You may also call our Customer Care Department to discuss the following options*:

- **Payment Plan:** You are able to set up a payment plan to pay your bill with options up to 12 months depending on amount due.
- **Financial Assistance:** You may be eligible for financial assistance if you meet the financial assistance requirements.
- **Other Options:** Please contact Customer Care for the possibility of other options.

For assistance and questions, please call Customer Care at 877.425.1602.

*Patients may be eligible for a Prompt Pay Discount or Financial Hardship Assistance.

†The estimated out-of-pocket responsibility may vary based on payer allowable rates.

What you should do if you receive an Explanation of Benefits (EOB) from your insurance company:

After Boston Heart bills your insurance, you will likely receive an Explanation of Benefits (EOB) from your health insurance company regarding your benefits for laboratory services provided by Boston Heart. **This EOB is not a bill.** Please wait until you receive a bill from Boston Heart and pay the final amount documented on the bill (see “Ways to Pay Your Bill”).

Example of what your health insurer’s EOB may look like. This is not a bill.

TREATMENT DATE	AA	SERVICE CODE	BB	SUBMITTED CHARGES	ALLOWED AMOUNT	COPY AMOUNT	NOT COVERED	OLD BALANCE
01/01/12	11	010101010	11	###.##	##.##	###.##		##.##
01/03/12	11	010101010	11	###.##	##.##		###.##	##.##
01/03/12	11	010101010	11	###.##	##.##			##.##

Example of what your Boston Heart bill may look like. This is a bill.

DATE	CPT	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	INSURER PAYMENTS	ADJUSTMENTS	BALANCE	CODE
04/12/23	84403	ASSAY OF TOTAL TESTOSTERONE		\$39.00				\$39.00	
04/12/23	84438	ASSAY OF FREE THYROXINE		\$17.00				\$17.00	
04/12/23	84443	ASSAY THYROID STIM HORMONE		\$26.00				\$26.00	
04/12/23	84481	FREE ASSAY (FT-3)		\$51.00				\$51.00	
04/12/23	84482	T3 REVERSE		\$22.00				\$22.00	
04/12/23	84550	ASSAY OF BLOOD URIC ACID		\$9.00				\$9.00	
04/12/23	85025	COMPLETE CBC W/AUTO DIFF WBC		\$11.98				\$11.98	
04/12/23	86141	C-REACTIVE PROTEIN HS		\$21.00				\$21.00	
04/12/23	86376	MICROSOMAL ANTIBODY EACH		\$24.00				\$24.00	
04/12/23	86800	THYROGLOBULIN ANTIBODY		\$22.00				\$22.00	

What you should do if your insurance company sends you a check directly for your Boston Heart testing:

Some insurance providers, such as Blue Cross Blue Shield (BCBS), may send both EOBs and payments for Boston Heart services directly to you. You are obligated to send both the EOB and any applicable check to us. Here’s how:

1. Sign your name on the back of the check.
2. Write “Pay to the order of Boston Heart Diagnostics” on the back of the check above your signature.
3. Send the EOB and check using the prepaid envelope provided by Boston Heart or mail it to the address listed below.

Note: if you have cashed the check from your insurance company, use one of the options below to make a payment.

WAYS TO PAY YOUR BILL



Pay Online
bostonheartdiagnostics.com



Pay by Mail
 Boston Heart Diagnostics
 P.O. Box 2118
 Carol Stream, IL 60132-2118



Pay by Phone
 877.425.1602