

PATIENT BILLING INFORMATION

As we discussed, I intend to order certain laboratory tests from Boston Heart's advanced test portfolio. There may be out-of-pocket costs associated with the laboratory testing.

SELF-PAY / UNINSURED

Patients that do not have any commercial, governmental or other health care coverage are responsible for all laboratory charges except to the extent charges are waived in accordance with Boston Heart policy for patients with financial need.

MEDICARE

Patients are not responsible for charges as Medicare currently pays all of the allowed charges. Medicare patients are generally not responsible for non-covered services unless the patient was informed that the service would not be covered by Medicare in accordance with Medicare-specific procedures, and the patient requested to receive the service anyway.

THIRD PARTY INSURANCE BILLING

Boston Heart will bill your health insurance company. You will receive a bill reflecting any out-of-pocket responsibility. The amount due will depend on your plan's benefits.

Contact Boston Heart's Customer Care team at 877.425.1602 for additional details. You may be eligible to participate in Boston Heart's Patient Assistance Support Services (PASS) program, interest free payment plans, and financial assistance.

YOUR EXPLANATION OF BENEFITS

An Explanation of Benefits (EOB) is a statement sent by your health insurance company to covered individuals explaining how they have processed claims for services rendered to you or to a beneficiary of your coverage policy.

It is not a bill, but should be kept for your records.

We may require it to appropriately adjust your patient responsibility.



Health Insurance Provider
1212 Main Street
Anytown, USA 00000

EXPLANATION OF BENEFITS

Please retain for future reference
Mary Jones MD/PIN:7654321

Mary Jones, MD
Homeville Medical Center
2121 Elm Ave.
Homeville, USA 00000

Date: 01/01/13
Tax ID #: 0101010101
Check #: 1010101010
Check Amount: \$ ###.##

Patient Name: Bill Smith
Patient Account Number: 987654321
Patient ID #: 1234567
Member ID: 54321

Treatment Date	AA	Service Code	BB	Submitted Charges	Allowed Amount	Copay
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REQUESTS FOR EOBS AND INSURANCE CHECKS

Some insurance providers such as Blue Cross Blue Shield (BCBS) may send both EOBS and checks for our testing directly to you. If this happens, Boston Heart will send you a bill. You are obligated to send both the EOB and payment for your testing to us. Here's how:

1. Sign your name on the back of the check ("endorsement").
2. Write "Pay to the order of Boston Heart Diagnostics" on the back of the check under your signature.
3. Send the check with a copy of the EOB to:

Boston Heart Diagnostics

PO Box 2118

Carol Stream, IL 60132-2118

Note: If you have cashed the check from your health insurance company, we will accept other payment methods, including a personal check mailed to the address above or credit card by phone.

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