

Why did it take so long for me to get my bill?

Many claims are filed and paid within a normal time range of 30-45 business days when we have all the information to provide to your insurer. However, there are cases when the insurance carriers request additional documentation from us or your physician to determine medical necessity of the services we provide. When this occurs, Access Genetics makes every attempt to obtain the required documentation to assist in having your claim paid by your insurance company and may result in delays up to 60-120 days before we send you a bill. During this time we are advocating on your behalf to ensure your claims are paid according to your plan limits.

What can I do to help get my bill paid?

Normally, the process is straightforward. Most tests fall within normal standards of care. Insurance companies and employer health plans are continually changing which affects plan benefits. From year to year services that were covered may no longer be covered, or may be subjected to greater costs being shared by the patient. It may be necessary for you to work with us and your insurance carrier to get your claim resolved.

What can I expect my portion of the bill to be?

When Access Genetics is provided with the required information to file a claim with your insurance, we will do so as a convenience to you. Payments will vary by your insurance:

Medicare

If you have Medicare, Access Genetics accepts 100% of Medicare's allowed amount as full payment for a test. Medicare may pay less than the allowed amount. If so, you are responsible for the difference between the allowed amount and the amount paid by Medicare. This can happen if Medicare requires a co-pay, deductible or co-insurance amount.

Commercial Insurance Carriers:

If Access Genetics participates in a contractual relationship with your insurance plan, you will be responsible for co-insurance and deductible amounts as determined by your insurance carrier. In the event that we do not participate in your plan's network, typically we will accept what they determine as the reasonable and customary fee. You will be responsible for any co-insurance or deductible amounts determined by your insurance carrier.

Secondary Insurance

If you have secondary insurance that supplements your primary coverage, we will file the claim with your secondary carrier when provided with the required information.

No Insurance and Financial Hardship Programs

Access Genetics offers patients with no insurance or who can substantiate financial hardship, discounts so that they may obtain necessary medical care. Once you have received our bill for services, you should immediately contact us and we may be able to offer you a cash payment discount or establish a payment program to accommodate those patients who are on a fixed or low income threshold.

What if I have additional questions?

Please contact us at the numbers listed below. We are partners in your care. Our Billing Representatives are available to assist you Monday through Friday from 7:30 AM to 4:30 PM Central Time.



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*Delivering the
Picture of Health*



**Important information
about our laboratory
services and billing
practices.**

Access Genetics is a CAP accredited national reference laboratory specializing in high complexity genetic testing services. Our staff of Board-Certified Pathologists, Cytotechnologists, Certified Genetic Counselors and Certified Medical Technologists are focused on providing the highest quality of diagnostic testing services to physicians and their patients.

This publication is intended to address the most common billing related questions that may arise in connection with the delivery of our high-quality testing services. It is our desire to make the experience between physicians, patients, insurers and our laboratory as streamlined as possible. If you have a specific question that is not answered in this brochure, please contact one of our Billing representatives at 888.250.4407 select option 1, then dial extension 833.

Frequently Asked Billing Questions:

Why did I receive a bill from Access Genetics?

Often, your primary or specialist physician may collect a specimen (saliva, urine, blood, tissue or swab) and ask us to perform specialized testing in order to determine your treatment options. Our medical staff performs testing on your sample and provides your physician the results to assist in making the best decision for your care. By law, Access Genetics must bill for the services we provide separately from your physician's bill and this is why you received our bill.

I don't recognize the test(s) or why they were needed. Can Access Genetics explain the results?

While Access Genetics is the performing laboratory, we are acting on the request of your physician. We can tell you what type of test(s) was ordered on your behalf, but we suggest you contact your physician to answer why the test(s) were ordered and what the results mean in your treatment plan.

Why didn't my insurance pay this bill?

Many times with laboratory services your insurance carrier will pay their portion as your policy limits are applied and leave a portion that is your responsibility; this may be a deductible, co-pay or an amount for services that are not covered by your particular insurance plan. We recommend you contact your insurance company with questions on your plan coverage. Occasionally, we may not have received the correct, current or any insurance information with your specimen; when this happens your bill reflects the full amount for our services. If this has occurred, please contact us immediately with this information so that we can correct this and attempt to file a claim with your insurance. Always make sure that your providing physicians have the most updated insurance information on file for you. Sometimes, Access Genetics may not get a response from your insurance carrier in a timely manner. Because you are the responsible party, Access Genetics is required by law to send you the bill. We will work with you and your insurance carrier to apply any benefits according to your plan limits.

I received an Explanation of Benefits from my insurance company. What do I do with it?

The Explanation of Benefits or 'EOB' lists services that were performed, the costs of those services, what amounts the insurance is paying according to your plan and what portion you are responsible for paying. You may not have received a bill from Access Genetics before you get the EOB. Once the insurance carrier reports this information to us, we will bill you for the amount of your balance after the insurance discount has been applied.

What is a 'Reasonable and Customary' charge?

This is the amount for a medical service the insurance company has determined as the appropriate full cost of the services according to a geographical area.

My insurance carrier paid me directly for the services Access Genetics performed. What should I do?

Simply forward the EOB you received with the endorsed check to the remittance address on our bill. We will apply your insurance discount and send you a final bill for our services. If you receive payment and do not remit to us we may use an outside collection agency to recover these funds.

Does Access Genetics Accept credit cards?

Yes. To make a payment using a credit card, you may complete the information required, which is located on your bill, and mail it to our remittance address. You may also call us directly at 888.250.4407. Select option 1, and enter Ext 833.