

Women's Health Laboratories is one of the only physician-owned laboratories in the United States dedicated to the practice of gynecologic pathology.

Women's Health Laboratories is committed to delivering the highest quality diagnoses, made by board-certified cytopathologists and licensed cytotechnologists. Centrally located in Memphis, Tennessee, our laboratory is able to provide superior service and turnaround time nationwide.

It is the mission of Women's Health Laboratories to forge strong relationships with its physician clients in order to ensure the highest level of quality care for the female patient. Our unparalleled customer service coupled with our superior diagnostic quality ensures a seamless relationship between the pathologist and clinician.

For additional information about Women's Health Laboratories, please visit our website at www.womenshealthlab.com.

This pamphlet addresses the common billing questions that arise from patients and physicians. If you find that your specific question is not answered within this brochure, please do not hesitate to contact Women's Health Laboratories billing department directly at 888.274.7956.

BILLING PRACTICES AT WOMEN'S HEALTH LABORATORIES

When provided with the necessary information, Women's Health Laboratories will file a claim with your insurance carrier. The filing instructions will vary by the type of insurance you have:

Medicare

Women's Health Laboratories will accept as full payment 100% of Medicare's allowed amount for a test. If Medicare pays less than the full amount of the allowed amount for any reason (for example, the policy only pays 80%, the co-insurance or deductible has not yet been met) you are responsible for the difference between the allowed amount and the amount paid by Medicare.

Medicaid

Women's Health Laboratories will accept as full payment 100% of Medicaid's allowed amount for a test.

Third Party Insurance Carrier

If we have a contractual relationship with your particular 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, 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 necessary information.

General Billing Information

If Women's Health Laboratories does not have the complete or correct billing information, we will send you a bill for the full amount. If you provide us with complete and accurate insurance information, Women's Health Laboratories will then submit a bill to your insurance carrier on your behalf.

If we have already billed the insurance company and have had no response from them after a reasonable length of time, you may receive a bill from Women's Health Laboratories for charges for services rendered. This is to avoid any possible timely filing issues with your insurance carrier. Women's Health Laboratories cannot accept responsibility for collecting the insurance claim or for negotiating a settlement on a disputed claim. If warranted, Women's Health Laboratories will work with our patients to establish reasonable payment arrangements.

FREQUENTLY ASKED BILLING QUESTIONS

Why did I receive a bill from Women's Health Laboratories?

In many cases, an OB/GYN collects a liquid or tissue specimen from a patient when they visit their office. A pathologist (physician specializing in tissue diagnoses) is sent these specimens by your OB/GYN. Using a microscope and other tests, the pathologist and staff analyze your specimen. The pathologist bills your insurance company directly for their services. Therefore, if you receive a bill from Women's Health Laboratories, it is because we were asked to diagnose your specimen by your doctor.

I received a bill from Women's Health Laboratories and have questions regarding the tests and their results. What should I do?

Please contact your physician to receive an explanation of the tests ordered and results received.

What should I do with the bill I received from Women's Health Laboratories?

In most cases, if you received a bill from Women's Health Laboratories, you owe a co-pay, deductible or other additional payment required by your insurance company. If you have any questions or concerns about the bill, contacting your insurance provider or referring to your insurance policy is recommended.

You may have also received a bill from Women's Health Laboratories because we were either given incorrect insurance information or no insurance information. In this case, you may have received a bill for the full amount of Women's Health Laboratories services. Please ensure that you always give your physician all the information from your insurance card prior to any procedure or visit.

If Women's Health Laboratories billed your insurance provider initially but did not receive a timely response from the insurance company, Women's Health Laboratories will bill you directly. Please contact the Women's Health Laboratories billing department in this event and ensure that we have the correct insurance billing information. If we did not initially have the correct information, we will re-submit the claim with the revised information.

I received an EOB from my insurance company. Does it require further action at this time?

An Explanation of Benefits (EOB) is a notification form that is sent to an individual after their insurer processes an insurance claim for them. The EOB is a summary of the insurance company's financial activity associated with the claim – how much of the bill was paid by the insurer, how much is owed by you, etc. The EOB is not a bill, it is an estimate of your financial responsibility for the individual claim. You are only responsible for paying Women's Health Laboratories if you receive a bill directly from Women's Health Laboratories.

What does "Reasonable and Customary" mean?

The reasonable and customary fee for a service is determined by your insurance company and represents the prevailing fee for services in a given geographical area. This is the amount that the insurance carrier believes is appropriate payment in full for the service rendered.

I have a secondary or supplemental insurance policy. How does that affect me?

Women's Health Laboratories is willing to file all secondary or supplemental insurance claims. If you receive a bill from Women's Health Laboratories and believe that a claim has not been filed with your secondary insurance, please contact the Women's Health Laboratories billing department and provide us with the appropriate information. Once we have the additional information, we will file a claim with your secondary insurance. Once again, please ensure that your physician has all of your primary and secondary insurance information prior to your procedure.

I received a bill, but I currently have no medical insurance. What should I do?

As the recipient of testing services, you are responsible for the bill that has been sent to you. Women's Health Laboratories will work with you to establish reasonable payment arrangements. Please contact our billing department to arrange for payment of your bill.

I received a bill from Women's Health Laboratories, however I believe I satisfied my annual deductible. What should I do?

Please contact your insurance company to ensure the claim has been processed correctly according to your benefits. If it has not, please work with your insurance company to correct the payment of the claim.

My insurance carrier paid me directly for the services Women's Health Laboratories performed. What should I do?

Please forward the check along with a copy of the EOB your insurance company sent to –Attn: Billing Department, Women's Health Laboratories, 3495 Hacks Cross Road, Memphis, TN 38125. This will allow us to properly credit your account so that you only receive a bill for the remaining patient responsibility.

Can I pay my Women's Health Laboratories bill with a credit card?

Yes, it is possible to pay your pathology bill with a credit card. Please contact a Women's Health Laboratories Billing Representative at 888.274.7956 and provide them with the correct credit card information. Women's Health Laboratories accepts both Mastercard and Visa.

Why did it take so long for me to receive a bill?

In most cases, it takes at least 60 days for an insurance company to respond to Women's Health Laboratories initial claim. In some cases, not all information is provided to the insurance company and additional information is requested and needed to process the claim. In these cases, the billing cycle will be even longer than 60 days and could easily be twice as long.

In every case, Women's Health Laboratories will do everything in our power to resolve our claim with your insurance company without contacting you. Our goal is to make this process as seamless and convenient to you as possible. Due to this fact, you may not receive an initial bill from Women's Health Laboratories until we have exhausted all options – this may be four or five months after the date of your procedure.

Who should I contact if I have additional billing questions?

If you have additional questions or concerns about your bill, please do not hesitate to contact Women's Health Laboratories Billing Department at 888.274.7956. Our billing team is available Monday through Friday from 7:00 am to 10:00 pm (Central Standard Time). Please have your Women's Health Laboratories bill and your insurance information available when you contact us.



WOMEN'S HEALTH LABORATORIES BILLING POLICIES

What you need to know regarding your laboratory and our billing practices.



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