

# Billing Policy

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As a convenience to you, the patient, Lantz Medical, Inc. billing office will bill your insurance carrier for our services. After insurance payment has been received, any remaining balance must be paid by the patient within 30 days. We accept cash, check or the following credit cards: *Visa, Master Card and American Express.*

**Private Insurance** - Lantz Medical, Inc. is not a network provider with all private insurance companies. We will submit all claims for the use of our products/services. Your claims are processed according to your policy benefits including deductible and co-insurance. After insurance payment(s) are received, any remaining balance is considered *patient responsibility*. Any disputed or unpaid claim will be considered *patient responsibility*.

At times Lantz Medical, Inc. may subcontract or be subcontracted to deliver products/services to you. This is normally done to maximize your insurance benefits. When we are subcontracted, Lantz Medical, Inc. will handle all product/service issues while the company(s) that subcontracted us will handle all billing and payment concerns.

**Workers' Compensation** - Lantz Medical, Inc. will submit all claims for the use of our home medical equipment after receiving all information regarding a work related injury. The employer and Workers Compensation carrier information must be provided upon accepting the DME equipment (Durable Medical Equipment). Any disputed or unpaid claim will be considered *patient responsibility*.

**Medicare & Medicaid** – Some of our products/services are not covered by Medicare or Medicaid. You, as the patient, need to make the decision as to whether you will use and pay for our products/services.

**Self-Pay** – Self-Pay patients are handled on a case-by-case basis. Payment arrangements are expected to be made prior to equipment delivery.

**Advance Beneficiary Notice (ABN)** – A properly executed ABN serves as notice to a Medicare beneficiary, the patient, that the beneficiary is responsible for the payment if Medicare denies payment. ABNs are **used with Medicare covered services only** and the form should be used when the provider is unsure that a service is will be considered medically necessary or may exceed the frequency and duration of the covered service. If the provider is certain that Medicare does not cover a service, then an ABN is not needed

**Personal Health Information (PHI)** – Under the *Personal Health Information Protection Act*, you have a general right of access to a record of personal health information. If you would like access to your PHI, please send a written request to our Compliance Department, 7750 Zionsville Road, Suite 800, Indianapolis IN, 46268

**Questions** – Billing questions should be directed to our Billing Department at (317) 536-4870 or toll free at (866) 236-8889.