

Medicount Management, Inc. Frequently Asked Questions

What is my responsibility related to the emergency transport bill?

Although we file a claim with your medical insurance on your behalf, medical insurance is ultimately a contract between the patient and his/her insurance company. It is your responsibility to monitor the processing and payment of claims.

How do I have charges reviewed that I believe are incorrect or are for services I do not think I received?

If you have questions about your bill, or believe it is incorrect, call our Customer Service Department (866-587-0824). Representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm EST.

What if I want to dispute my bill?

You may have a question about your bill, or you may dispute your bill by putting your concern in writing and sending it to the address listed on your statement. If it is a quality of care issue, the concern will be forwarded to a medical review committee for review. The following should be included on your correspondence: patient account number, date of service, and daytime phone number where you can be reached; include the best time to contact you and a general explanation of the dispute.

Why am I receiving my statement so long after I was transported?

We do not bill the patient until insurance has paid (or denied) or we are unable to determine if the patient has insurance. It can take a considerable amount of time to resolve insurance issues on some claims.

Can I have a family member or friend discuss my account with your company?

Due to the Health Insurance Portability and Accountability Act (HIPAA), we are not allowed to discuss your account with a third party without your consent. For more information regarding HIPAA, you may access their web site at <http://www.cms.hhs.gov/coverage>.

My bill lists "none" for insurance and I have insurance. Why did this happen and what should I do? During the registration process, your information was not entered. Please call customer service (866-587-0824) as soon as possible and provide the following insurance information: name of the insurance company, policy number, group number, effective date of the policy, Where the claim should be mailed (address of the insurance company), and name of the policy holder. Representatives are available to assist you Monday through Friday from 8:30 am to 5 pm EST.

Why am I getting a bill when I already paid?

The statement may have been mailed before the payment was posted to your account. Call customer service at the phone number listed on your statement to verify payment. Be prepared to provide the patient's name, hospital name, and your account number.

Will both my primary and secondary insurance be billed?

Both your primary and secondary insurance will be billed provided we have the appropriate information. If you receive a statement and question whether both have been billed, contact customer service at the number listed on your statement.

Why am I being billed when I have insurance?

There are several reasons why you may get billed even though you have insurance: we may not have received your insurance information and cannot submit a claim. Many insurance companies have amounts which the patient must pay. These are called deductibles, co-pay or co-insurance payments. If your insurance plan requires you to pay a portion of the cost, the balance will be billed to you. If you have a question about why your insurance company did not pay part of the claim, you should call your health insurance company directly. If your insurance

company does not respond within 45-60 days of receiving a claim from us, you may receive a statement showing that your insurance company has not paid. If you receive a bill showing that your insurance company has not paid, you should contact them. Ultimately, the bill is your responsibility.

If I leave a voice message or submit an email a question, when can I expect a response?

Your time is important to us. Voice messages and email questions will be answered within two business days by a company representative. When leaving a voice message, please leave a daytime contact number, when you may be reached and a brief description of your question. You may also ask a question by email:

ptrelations@medicount.com.

Is it safe to pay my bill online using your website? Can my personal information be seen by others?

We are committed to protecting your personal information. Data you provide cannot be viewed by anyone else on the web. We do not share your information with anyone else. Security is maintained by industry standard SSL (secure socket layer) encryption and decryption technology. The SSL protocol is used to ensure that our information is sent directly to us, and that only we can decode it.

Why am I receiving a refund check?

There was an overpayment to your account. Either you paid too much on the account and/or your insurance company paid at a later date and covered some of what you already paid.

How can I obtain a copy of my bill?

You can obtain a copy of your bill by calling our customer service representatives service (866-587-0824).

Representatives are available to assist you Monday through Friday from 8:30 AM to 5 PM EST.

What is an Explanation of Benefits (EOB)?

These are documents showing a detailed listing of how your insurance company processed your claim or bill. AN EOB is mailed by your insurance company directly to you and also to the provider of care.

What is MedPay and why should I open a MedPay claim?

MedPay is a clause in your auto or homeowners insurance that covers an insured's medical expenses when an injury arises out of the maintenance or use of a motor vehicle. Medical expenses are reasonable charges for necessary medical treatment and rehabilitation services.

Why did my insurance company deny the claim?

Insurance companies should always notify their subscribers directly when a claim is denied. This is usually done by sending an Explanation of Benefits (EOB) to you. If you have not received an EOB or you have specific questions regarding how the claim was processed, you should contact your insurance carrier direct. The most common insurance denials received on claims are: you were not covered by your insurance plan on the date of service, the service you received was not covered under your plan, your insurance carrier needs additional information from the patient or the insurance information recorded at the time of service was inaccurate, incomplete or outdated.

How long will it take for my insurance company to pay?

On average, an insurance company will pay a claim within 45 days. If your insurance company does not pay after 45 days, the payment responsibility becomes yours and you will receive a statement.

If I need to contact the insurance company, what information will I need?

When you call your insurance company about a claim, be sure to have the following available: your insurance card, date of service, transport municipality, original billed amount, patient name and claim number, if applicable. If the bill has been paid, ask when, to whom, and the check number. Make a note of whom you talked to at the insurance company and the date. Call us and provide this information. If the bill has not been paid, find out what the anticipated time frame of payment is and ask if they need anything from you. Call us and provide this information. If the bill is not paid in the stated time frame, you may need to call the insurance company again and, if necessary, speak with a supervisor.

What does "in-network" and "out of network" mean?

If you receive your health care services from a doctor or other health care provider that participates in your health plan, they are often referred to as "in-network". Those who do not participate in your health plan may be referred to as "out of network".

When am I expected to pay my bill?

We require all patient balances to be paid within 30 days after you are notified that you have a balance. For patients with health insurance, once your insurance company has been billed and responded to us, we determine how much you owe and bill you. Payment is then due 30 days after you are notified you have a balance.

If I am unable to pay my balance in full, may I make smaller payments over a period of time?

A customer service representative can help you set up a formal payment arrangement based on established guidelines. Customer Service Representatives (866-587-0824) are available to assist you Monday through Friday from 8:30 am to 5:00 pm EST.

I do not have health insurance. Is there a discount available?

If you do not carry any form of health insurance, and you pay by credit card or check within a specified time, there is a prompt pay discount. A customer service representative can provide you with the payment guidelines and discount amount. Representatives are available to assist you Monday through Friday from 8:30 am to 5:00 pm EST (866-587-0824).

What are my payment options?

We accept payments made by check, money order, or credit cards. We accept MasterCard, Visa, Discover and American Express. Please do not send cash through the mail. Payments may be made by: Mail: Use the return envelope that came with your billing statement to make a payment by check, money order or credit card. Website: Credit card payments can be made online at www.medicount.com/patientservices. Click on patient services to provide information.

Phone: Credit card payments can be made by calling the number listed on your statement.

Why is there a convenience fee?

This fee offsets the cost of accepting credit cards by your transport provider. The cost is only what the credit card companies charge to process your transaction.

What if there is a problem with an electronic payment?

For credit card transactions, you will be immediately notified when the transaction is accepted or denied. If you have provided an email address you will be sent a confirmation of the transaction.

What if I do not receive a receipt?

Your email service may have filters in place to block incoming spam and other automated systems. Check to see if the receipt is being held or quarantined by your email or filtering service. If you still cannot confirm the transaction, you can check with your credit card issuer or financial institution or you can call Medicount Management customer service during normal business hours (866-587-0824).

How do I prove I made a payment if there is no paper trail?

Your Credit Card or Bank Account statement is considered proof of payment. You do not need a paper trail; electronic records carry the same legal standing as paper records.

Does the system reflect my current balance?

The system is driven by the bills mailed or electronically presented to Medicount Management. Please allow 2-3 business days for credit cards and 3-4 business days for eChecks to be posted to your Medicount Management account. If a bill is generated within a few days of you making a payment, it is possible that you will receive a bill that does not reflect your most recent payment.

Will people have access to my bank account or credit card information?

Information regarding Medicount's use and/or collection of your personal information is set forth in the Website's Privacy Policy. Once you authorize or initiate an electronic payment, the payment is simply processed by the system. No credit card or checking account numbers are stored in the Medicount Management system. Transaction reference information is stored which will allow you and Medicount Management to confirm payment has been made.

What is a Co-Payment?

The portion of your bill you are required to pay for during registration. Co-payment amounts vary depending on your insurance policy.

What is a Deductible?

The amount your insurance company determines you must pay before they begin dispensing benefits on services rendered.

What is an Insurance Claim?

The bill for services the hospital submits to your insurance company or companies.

What is an Itemized bill?

A list of individual charges for services and procedures you received during your hospital stay. It also lists your account number.