

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 Poplar Healthcare if you receive a bill directly from Poplar Healthcare .

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?

Poplar Healthcare is willing to file all secondary or supplemental insurance claims. If you receive a bill from Poplar Healthcare and believe that a claim has not been filed with your secondary insurance, please contact the Poplar Healthcare 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. Poplar Healthcare 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 Poplar Healthcare, 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 Poplar Healthcare performed. What should I do?

Please forward the check along with a copy of the EOB your insurance company sent to –Attn: Billing Department, Poplar Healthcare, 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 Poplar Healthcare bill with a credit card?

Yes, it is possible to pay your pathology bill with a credit card. Please go to our website www.poplarhealthcare.com and click on “pay my bill” in the top-right corner, or contact a Poplar Healthcare Billing Representative at 888.274.7956 and provide them with the correct credit card information. Poplar Healthcare 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 Poplar Healthcare's 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, Poplar Healthcare 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 Poplar Healthcare 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 Poplar Healthcare's Billing Department at 888.274.7956. Our billing team is available Monday through Friday from 7:00 am to 9:00 pm (Central Standard Time). Please have your Poplar Healthcare bill and your insurance information available when you contact us.

**BOSTWICK
LABORATORIES**
A DIVISION OF POPLAR HEALTHCARE

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POPLAR HEALTHCARE BILLING POLICIES

What you need to know
about our company
and our billing practices.

**BOSTWICK
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Bostwick Laboratories is a division of Poplar Healthcare. Centrally located in Memphis Tennessee, Poplar Healthcare has one of the fastest diagnostic turnaround times in the industry

It is the mission of Poplar Healthcare to forge strong relationships with our physician clients in order to ensure the highest level of quality care for the patient. Our unparalleled customer service coupled with our superior diagnostic quality ensures a seamless relationship between our company and the clinician.

For additional information about Poplar Healthcare, please visit our website at www.poplarhealthcare.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 Poplar Healthcare's billing department directly at 888.274.7956.

BILLING PRACTICES AT POPLAR HEALTHCARE

When provided with the necessary information, Poplar Healthcare will file a claim with your insurance carrier. The filing instructions will vary by the type of insurance you have:

Medicare

Poplar Healthcare 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

Poplar Healthcare 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 Poplar Healthcare 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, Poplar Healthcare 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 Poplar Healthcare for charges for services rendered. This is to avoid any possible timely filing issues with your insurance carrier. Poplar Healthcare cannot accept responsibility for collecting the insurance claim or for negotiating a settlement on a disputed claim. If warranted, Poplar Healthcare will work with our patients to establish reasonable payment arrangements.

FREQUENTLY ASKED BILLING QUESTIONS

Why did I receive a bill from Poplar Healthcare?

In many cases, a physician removes a piece of tissue from a patient in the form of a biopsy when they visit their office. They may also require other specimens such as a blood sample or cytology sample. The specimen is sent to a diagnostic laboratory for evaluation by an expert pathologist and their team of laboratory professionals. Using a microscope and an array of other testing technology, the pathologist and their team analyzes the specimens and renders a diagnosis. The laboratory bills your insurance provider directly for these services. Therefore, if you receive a bill from Poplar Healthcare, it is because we were asked to diagnose a medical specimen sent to us by your physician.

I received a bill from Poplar Healthcare 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 Poplar Healthcare?

In most cases, if you received a bill from Poplar Healthcare, 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 Poplar Healthcare 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 Poplar Healthcare services. Please ensure that you always give your physician all the information from your insurance card prior to any procedure or visit.

If Poplar Healthcare billed your insurance provider initially but did not receive a timely response from the insurance company, Poplar Healthcare will bill you directly. Please contact the Poplar Healthcare 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 only if this information is provided within the timely filing limits outlined by your insurance company.