



Frequently Asked Questions about Payment at the Time of Service

1. What criteria is used to determine requirement of payment?

Patients with at least one bill in Past Due or Collections status will be required to pay a minimum balance to receive laboratory services. If the patient is unable to make the payment, however, meets one of the following exceptions, services will be provided.

- A payment for Uninsured Self-Pay or Patient Responsibility Easy Pay for today's visit is made.
- Pediatric patient, 5 years of age or less
- STAT requests (STAT's collected at hospital locations only)
- Recollect from a previous date of service

2. How is the required balance determined?

- The required balance is calculated and reported in Quantum (Care 360) based on the total balance of Past Due and/or Collection status bills.
- If the total dollar amount associated with past due bills is under \$50, payment in full is required.
- If the total dollar amount associated with past due bills is over \$50, the patient or responsible party will be required to pay \$50 plus 20% of their remaining bill.

3. What can a patient or responsible party do if they are denied services?

- The patient or responsible party will be provided with a printed invoice. The invoice provides the patient with their invoice details as well as a contact number for Billing Patient Customer Service (800-667-5185) to obtain assistance with payment resolution.