

GLOSSARY OF TERMS:

Account Number: A unique number that is assigned to your At Home Healthcare record.

Adjustment: A portion of your bill that is adjusted in accordance to the contract between At Home Healthcare and your insurance company.

Allowed Amount/Amount Payable: The amount your insurance plan pays or covers for your care, less any deductibles, coinsurance, or charges for non-covered services.

Amount Not Covered: The bill amount that the insurance company will not pay. It may include deductibles, coinsurances, and charges for non-covered services. This amount is due from the guarantor.

Benefit Limitations: Your insurance plan may limit the dollar amount or number of services it will pay for certain treatment or services, or for all benefits provided in a benefit period.

Coinsurance: The percentage of coverage not covered under your insurance benefits. For example, your policy may cover 80% of charges. Your coinsurance/patient portion would be the remaining 20%. This amount is due from the guarantor.

Co-payment/Co-pay: A set fee established by the insurance company for a specific type of visit. This amount is due from the guarantor.

Date of Service (DOS): The date(s) when you were provided healthcare services.

Deductible: An amount that must be met on an annual basis that is established by the insurance company and your benefit plan. Call your insurance company for the most up-to-date information regarding your deductible.

Deposit: At Home Healthcare requires a payment due upon admission equal to total charges, any applicable deductible or coinsurance as determined by your insurance company. (*See Financial Policy in Start of Care Guide for more information.*)

Explanation of Benefits (EOB): A notice you receive from your insurance company after your claim for services has been processed. It explains the amounts billed, paid, denied, discounted, uncovered, and the amount owed by the patient. The EOB may also communicate information needed by the insured in order to process the claim.

Guarantor: The person responsible for payment of the bill.

Health Maintenance Organization (HMO): An insurance plan that has contracted with providers to provide healthcare services at a discounted rate. These services will require prior pre-certification, authorization, and/or referrals.

Managed Care: An insurance plan that has a contract agreement with hospitals, physicians, and other healthcare providers. These services may require prior pre-certification, authorization, and/or referrals.

Non-Covered Services: Services not covered under the patient's insurance plan. These charges are the patient's responsibility to pay.

Out-of-Network Provider/Non-Participating Provider: The provider is not part of the insurance plan's network of contracted providers. Generally, services at out-of-network providers are paid for at a lower rate by the insurance plan and at a higher rate by you.

Out-of-Pocket Costs: The amount that you pay until your insurance benefit coverage reaches 100%.

Pre-Authorization Number: Authorization given by a health plan for a member to obtain services from a healthcare provider. This is commonly required for home health & home support services. This is not a guarantee of payment.

Preferred Provider Organizations (PPO): An insurance plan that has a contract with providers to provide healthcare services at a discounted rate. These services may require prior pre-certification, authorization, and/or referrals.

Subscriber: The person responsible for payment of premiums or whose employment is the basis for eligibility for a health plan membership.

CONTACT US:

Have questions about patient billing or financial counseling? We're here to help. *At Home Healthcare* Billing & Financial Services Department team members are available Monday through Friday between 8:00am and 5:00pm.

Financial Counseling: financialcounseling@athomehealth.org
(903) 525-3808

Billing Department:

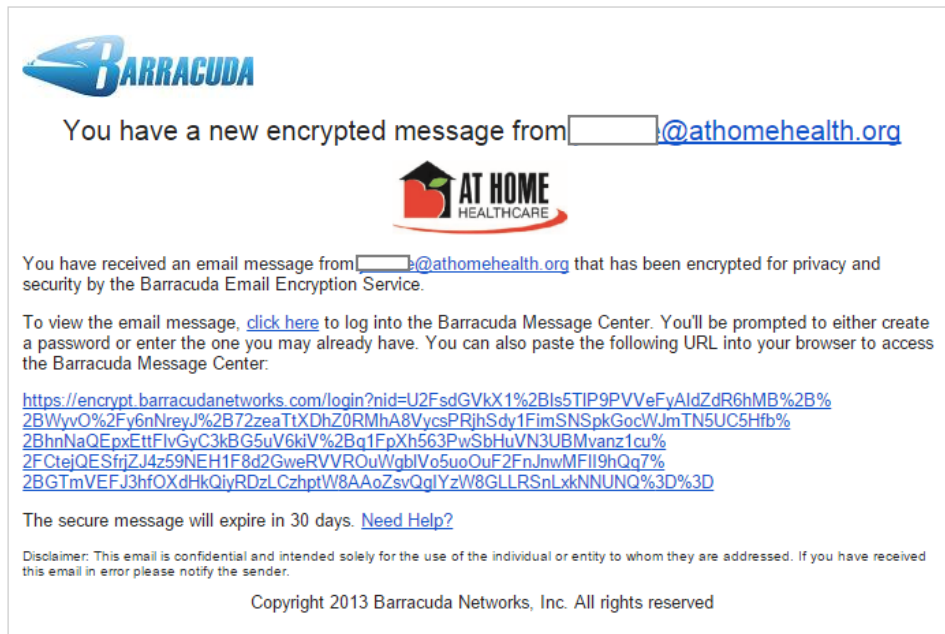
Pediatric Services: pedibilling@athomehealth.org


Adult Services: netppsbilling@athomehealth.org

At Home Support: ccbilling@athomehealth.org


At Home Healthcare has taken appropriate precautions to protect against unauthorized access to electronically transmitted information, in accordance with HIPAA guidelines. We send encrypted email messages to ensure your protected health information is secure.

You will receive a message that states you have an encrypted email. Click on the link in the message to open the secure portal. First time users will be directed to create a password. Follow the guidelines and create the account.





You have a new encrypted message from [redacted]@athomehealth.org



You have received an email message from [redacted]@athomehealth.org that has been encrypted for privacy and security by the Barracuda Email Encryption Service.

To view the email message, [click here](#) to log into the Barracuda Message Center. You'll be prompted to either create a password or enter the one you may already have. You can also paste the following URL into your browser to access the Barracuda Message Center:

<https://encrypt.barracudanetworks.com/login?nid=U2FsdGVkX1%2BIs5TIP9PVVeFyAldZdR6hMB%2B%2BWyvO%2Fy6nNreyJ%2B72zeaTtXDhZ0RMhA8VycsPRjhSdy1FimSNSpkGocWJmTN5UC5Hfb%2BhnNaQEpxEttFlvGyC3kBG5uV6kiV%2Bq1FpXh563PwSbHuVN3UBMvanz1cu%2FCtejQEStfjZJ4z59NEH1F8d2GweRVVRouWgblVo5uoOuF2FnJnwMFI9hQq7%2BGTmVEFJ3hfOXdHkQiyRDzL CzhtW8AAoZsvQglYzW8GLLRsnLxkNNUNQ%3D%3D>

The secure message will expire in 30 days. [Need Help?](#)

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ONLINE BILL PAY:

At Home Healthcare offers online bill pay. The portal is available 24-7/365 and offers our customers a secure environment to manage your statements and payment methods. Just one more way *At Home Healthcare* is listening to your suggestions and working to offer convenient ways to manage your financial responsibilities!

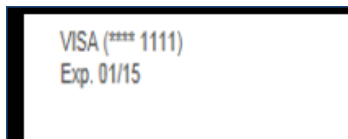
Pediatric Services: www.patientnotebook.com/athomehealthcarehhi

Adult Services: www.patientnotebook.com/athomehealthcarenet

At Home Support: www.patientnotebook.com/athomehealthcarebhi

Patient Profile

- By registering on the Patient Portal, you will be able to view your statements, sign up to receive electronic statements (emailed to you), and make payments online.
- When a debit/credit card is set up as the method of payment, ZirMed creates a token ID for the card, keeping your information safe. The **Card on File** token shows the card type, the last four digits of the card number, and expiration date. The full card number is never displayed.
- When you make a payment with a card on file, the token ID automatically populates your card information field on the Payment screen. (This is similar to online bill pay for other services like your cell phone, electric, or car payments.)



Payment Plans

- *At Home Healthcare* offers a range of payment options to help minimize the impact of your healthcare bill, including interest-free payment plans.
- If you anticipate problems paying your portion of your bill, please let us know.
- The total outstanding patient balance is considered when determining the number of months a patient/guarantor can have to pay off a balance.

PAY BY MAIL:

To ensure that your payment is properly applied to your account, detach the slip from your billing statement and return with your payment. Please include your account number on your check or money order. Our policy is to apply payments to the oldest outstanding balance on your account.

Mail payments to:
At Home Healthcare
9846 Hwy 31 E.
Tyler, TX 75705

UNDERSTANDING YOUR STATEMENT

You will receive a bill from *At Home Healthcare* or *At Home Support* for home health services rendered. AHH will determine patient financial responsibility and send the billing statement. **If** the patient has insurance, this process takes, on average, 45-90 days after the date of service.

You may securely sign into Patient Notebook website to view your statement online. While viewing your statement, you will be presented with the option to pay your balance online.

If an electronically delivered patient statement is not read within 3 days, an email reminder is sent. If the online statement is still unread after 7 days, the statement is printed on paper and mailed automatically.

EXAMPLE:



John Doe
123 Somewhere St.
Someplace, TX 11111

Patient:
Your Account Number:
Statement Date:
Statement ID:

Please Pay:



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Pay Online: www.patientnotebook.com/athomehealthcare.net

PATIENT NAME: Tony Addie

INV #	DATE OF SERVICES	DESCRIPTION	AMOUNT
519813-15	07/28/2018 - 07/28/2018	HOME HEALTH	
519813-14	07/28/2018 - 07/28/2018	HOME HEALTH	
519813-11	08/15/2018 - 08/15/2018	HOME HEALTH	
519813-10	08/22/2018 - 08/22/2018	HOME HEALTH	
519813-07	08/01/2018 - 08/08/2018	HOME HEALTH	
519813-06	07/30/2018 - 07/30/2018	HOME HEALTH	
519813-05	08/01/2018 - 08/13/2018	HOME HEALTH	

Total Amount Due: \$

PAYMENT OPTIONS You may pay your bill in full with a check, credit card or debit card
[Pay Online: www.patientnotebook.com/athomehealthcare.net](http://www.patientnotebook.com/athomehealthcare.net)
 Billing Email: nappbilling@athomehealth.org
 Customer Service (903) 525-3838, M-F 8:00am-5:00pm

PAYMENT PLAN If you are unable to pay your bill in full, please call Customer Service at (903) 525-3838 to setup an interest free payment arrangement. If you are unable to pay your balance, you may be eligible for financial assistance.

IMPORTANT MESSAGE The Total Amount Due represents patient responsibility after notification from your insurance plan. If you have questions about your balance, please contact your insurance carrier first. All returned checks will incur a fee of \$35.00.

STATEMENT OPTIONS Electronic Delivery now available! Enroll in e-delivery at www.patientnotebook.com/athomehealthcare.net. To create an account for e-statements, all you need is the statement ID located on the coupon to enroll.

Your account is delinquent and under collections review. Please remit payment immediately. If you have made a payment recently, please disregard this message.

AGING 0-30:	AGING 31-60:	AGING 61-90:	AGING 91-120:	Over 120 Days
\$0.00	\$0.00	\$0.00	\$0.00	-

Detach this slip and return with your payment.

At Home Healthcare
9846 Hwy 31 E
Tyler, TX 75705
RETURN SERVICE REQUESTED



IF PAYING BY CREDIT/DEBIT CARD

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ SECURITY CODE: _____ EXPIRES: _____

SIGNATURE: _____

STATEMENT DATE	ACCOUNT #	DUE DATE
05/05/2019		06/07/2019

AMOUNT DUE: _____ SHOW AMOUNT PAID HERE: _____

Statement ID: _____

Pay Online: www.patientnotebook.com/athomehealthcare.net

149128 - 1

John Doe
123 Somewhere St.
Someplace, TX 11111

At Home Healthcare
9846 Hwy 31 E
Tyler, TX 75705

QR code- scan with phone for quick & easy online bill pay

How to pay your bill

How to contact us

Detachable portion to return with payment if paying by mail; Reverse side to report change of address or insurance