



PathAdvantage

COVID-19 Pandemic Billing Procedures

PathAdvantage recognizes that COVID-19 is uprooting the normalcy of patient lives and creating financial hardship. Therefore, our Billing Service Team has amended the normal billing procedures to accommodate our patients throughout this time of the COVID-19 pandemic.

The following changes are now in place and will be applied to all of our patients during this COVID time:

- Patients who require more time to make payments on their accounts will have an additional 60-day grace period.
- Certain payment plans will remain accessible for ALL patient accounts.
- The billing statements received by patients will proceed as always (mailed or emailed).
- Other financial assistance may be obtainable for patients who qualify.

Patient Billing Practice for PathAdvantage

The patient would be the recipient of a PathAdvantage billing statement if their physician has ordered laboratory testing such as a biopsy, Pap smear, blood work, etc. that has been performed at PathAdvantage.

PathAdvantage initially presents a claim to the insurance carrier supplied by the patient's doctor or hospital. Once the claim has been processed by the patient's insurance company, the patient will receive an Explanation of Benefits (EOB) from their insurance provider. This is NOT a bill. PathAdvantage does not require any payment until PathAdvantage's billing statement is sent out and secured by the patient. The statement will include what insurance or other payors have paid and what (if anything) the patient now owes PathAdvantage. This leftover balance may represent costs of non-covered services or deductibles for which the patient alone is responsible.

Important reminder: Insurance plans carry varying benefit levels and only the patient can be certain that their insurance company handled the claim according to the patient's provision plan. In case a claim is processed inaccurately, the patient should contact their insurance company.