



INSURANCE REIMBURSEMENT ASSISTANCE



11807 Westheimer #550-158 Houston, TX 77077
Office Line 1-800-221-0817 Fax 281-580-1453
www.amhabilling.com



INSURANCE REIMBURSEMENT ASSISTANCE FOR HOLISTIC & ALTERNATIVE MEDICAL PROVIDERS

American Medical Health Alliance (AMHA) is a patient advocacy service that assists people in navigating the complex issues associated with insurance reimbursement at holistic and alternative cash-pay medical providers.

American Medical Health Alliance offers a **FREE INSURANCE EVALUATION** to help you understand your health insurance coverage and assess the likelihood of reimbursement for out-of-pocket expenses.

CALL US TODAY AT 1-800-221-0817 FOR A FREE INSURANCE CASE EVALUATION

If you received treatment at any **alternative, holistic, or out-of-network non-participating medical provider and have private insurance, American Medical Health Alliance (AMHA) can assist you with the preparation, submission, & collection of medical bills submitted to your insurance company.**

Filing claims for out-of-network providers can be challenging, and recovering out-of-pocket medical costs requires expertise in claims processing, meticulous record-keeping, and strategic follow-ups.

American Medical Health Alliance is ready to use our experience to your strategic advantage, **offering the** best in experience, proven results, and affordability with our billing service.

Although much of the treatment is alternative in nature, we can identify and bill for the ancillary services (doctor consults, treatment room, medical supplies, diagnostics, & treatment administration). Although we cannot bill for 100% of what you spend, we may be able to identify and bill for 60-70% of the bill, depending on the protocol.

Contingency Fee: American Medical Health Alliance charges a 25% contingency fee on reimbursements secured, meaning you only pay if we successfully recover funds on your behalf. We are directly aligned with your success and only have a fee when funds have been successfully paid to the patient from the insurance payor.

Timeline: Before submitting your initial claim, we filter through all your paperwork to determine the most accurate coding that corresponds with your services. Allow 3 to 4 weeks to organize your initial claim. After submitting your medical claims, the process typically takes 60-90 business days to finalize, and your insurer will notify you in writing when a decision is made. Some insurance companies may process claims with no guarantee of timeframe.



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Dear Valued Customer:

Thank you for allowing American Medical Health Alliance (AMHA) to serve as your insurance reimbursement advocate. The purpose of this letter is to educate you as to how the whole process works. AMHA is here to help you better understand your "Out-of-Network" insurance benefits. Our **FREE** insurance evaluation includes a comprehensive overview of your insurance policy benefits. Although we cannot guarantee a successful outcome, AMHA will get a better understanding as to what your "Out-of-Network" coverage entails or its limitations. Call us today at (281) 580-1423 to take advantage of the **FREE** insurance evaluation.

AMHA helps you navigate the complex issues associated with the insurance claims process

Filing claims for non-participating alternative/holistic "Out-of-Network" providers is a complex process. Insurance companies are for-profit businesses that benefit when claims are submitted incorrectly. The claims process is very confusing and requires time, knowledge of coding, billing determination, preparation, and follow-up to secure a successful insurance reimbursement. Many patients struggle with their insurance companies simply because they do not understand the complex insurance claims process.

AMHA has been at the forefront of assisting patients who elect to receive care at alternative/holistic doctors and clinics. Protect yourself against submitting deficient claims, inaccurate information, and deceptive trade practices that could result in denials. AMHA is ready to use our experience to your strategic advantage. We offer the best in experience, proven results, and affordability with our billing service.

- Most billers only submit a small portion of the treatment expenses (doctor consultation or office visit). AMHA will evaluate every aspect of your care and identify all billable services. Traditionally we are able to identify 60%-75% (percentages vary per provider of care) of what you spend as billable services to your insurance carrier. The more you can identify as billable the greater your chances of a higher reimbursement from your insurance company. AMHA's services are truly an added value to the patient as we bill which typically allows us to collect more through our advocacy services.

- Upon receiving your initial paperwork AMHA will work diligently in evaluating your expenses and identifying what is billable. After doing so, AMHA will prepare your medical claims for processing in the appropriate format. AMHA will then submit your medical expenses for processing, follow-up on your medical bills through the reimbursement process so that you can concentrate on your medical care. If there is any pending paperwork, e.g., medical reports, billing statements, receipts, etc., AMHA will contact you and/or the facility for that information. Preparing the initial bills for submission can take 2 to 3 weeks. Preparing your claim professionally and in a compliant format is priority #1 to AMHA. We do not bill your entire stay at once but incrementally and usually a week's stay every couple of weeks. Please contact our office for an explanation as to why.

After submitting your medical claims, the processing takes approximately 4 to 6 weeks to finalize. Sometimes though it may take a few months because it is all dependent upon the rate at which insurance companies process claims. Within that time frame one of three things will happen:

- **Your insurance claim is processed and paid
- **Your insurance company will request more information (Medical Records, Letter of Medical Necessity, Etc.)
- **Your insurance claim is denied. Should your claim be denied AMHA will submit an appeal on your behalf.

Dealing with insurance companies and their process is complicated and considering the financial commitment you have made toward your medical care, you deserve the best opportunity to recover as much back from them. With 25 years of experience serving as insurance reimbursement advocates AMHA is at the forefront of helping patients recoup monies for their medical expenses. AMHA strictly works on a contingency basis, if AMHA does NOT secure a successful insurance reimbursement for you, then you are not financially obligated to pay us for our service. Do not hesitate to contact us at (800) 221-0817 for a FREE insurance evaluation or with any questions or comments.

Sincerely,

Alexander Lopera

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AMHA

AMERICAN MEDICAL HEALTH ALLIANCE

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SECTION A: PATIENT INFORMATION

Doctor / Clinic / Hospital: _____

Name of Patient _____ Patient's SS# _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Other Phone _____

Email _____

Medical Diagnosis _____

Patient's Date of Birth _____

Patient's Sex

Marital Status

Patient Relationship to Policyholder _____

☐ Male ☐ Female

☐ Single ☐ Married ☐ Other

☐ Self ☐ Spouse ☐ Child ☐ Other

Person we may contact other than yourself _____

Have you been to another alternative/integrative provider, if so please list name and contact info:

SECTION B: PRIMARY INSURANCE INFORMATION

Name of Policyholder _____ Policyholder's DOB _____

Name of Insurance Company _____

Address of Insurance Company _____

City _____ State _____ Zip Code _____ Insurance Company Member Line _____

SS# _____ ID# _____

Employer Name _____ Group # _____

Name/ext. of insurance contact who has helped you process previous claims _____

SECTION C: SECONDARY INSURANCE INFORMATION

Group Name / Employer: _____ Group # _____

Name of Policyholder _____ Policyholder's DOB _____

Name of Insurance Company _____

Address of Insurance Company _____

City _____ State _____ Zip Code _____ Insurance Company Member Line _____

SS# _____ ID# _____ Group Name/No. _____

Benefits quoted are not a guarantee of coverage or an authorization of payment. All medical services are subject to terms and conditions of the member's plan at the time services are rendered.



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NOTICE TO ALL PATIENTS REGARDING MEDICAL BILLING

One major concern of patients is the extent to which their healthcare coverage will pay for medical services. American medical Health Alliance (AMHA) are experts in preparing medical bills, submitting them, and serving as a third-party advocate for patients of alternative/integrative medical groups.

*** Some restrictions may apply as each insurance policy has different "Out-of-Network" coverage.
Please contact AMHA for a FREE insurance benefit evaluation.**

Initial: _____ You agree to pay twenty-five (25)% (Contingency Rate) should AMHA successfully obtain an insurance reimbursement on your behalf. The contingency fee covers the organization of your medical expenses into the format recognized by insurance companies, the submission of your medical claims to your insurance company, and the follow up necessary to render a determination of coverage. The contingency fee of 25% is only paid based on what is collected and NOT what is billed. Should your insurance company not process and pay your medical claims you will NOT be responsible for any fee whatsoever.

Initial: _____ You agree to pay the contingency fee invoice within thirty (30) calendar days of receipt. Unpaid invoices beyond this point will be turned over to a collection agency.

You agree that none of AMHA parties makes any representations or warranties, expressed or implied, with respect to whether Patient shall receive medical procedure approval or payment from patient's insurer. AMHA parties do not guarantee payment of any or all medical procedures or insurer payment. AMHA is NOT responsible for the time your insurance company takes to process your medical claims. Typically processing can take 4 to 6 weeks although some insurance companies can take several months. AMHA makes NO guarantee as to how long your insurance company will take to finalize the processing of your medical claims.

You agree to indemnify and hold AMHA, its affiliates and subsidiaries and licensors, and the respective members, directors, officers, employees and agents of AMHA and its affiliates and subsidiaries and licensors (collectively, "AMHA Parties"), harmless from and against any and all claims, demands, causes of action, damages, liabilities, costs and expenses, arising out of or in connection with this Agreement. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, without regard to conflicts of law principles. You hereby consent to the jurisdiction of the courts of the County of Harris, State of Texas. This Agreement may be terminated for any reason by either party.

Should you have any questions, suggestions, or comments please call 281-580-1423. To authorize our company in filing your medical claim(s):

- Sign and date the authorization at the bottom of this page;
- Complete the opposite page by answering each applicable section; and,
- Return this form to your physician representative or you may mail it to the above address and/or fax to 281-580-1453

SIGNATURE REQUIRED

I was treated at _____ and I fully understand the above and hereby authorize AMHA to file health insurance claim(s) on my behalf. In signing this document, I (we) acknowledge that its content and effect have been fully explained and that all questions have been answered to my satisfaction.

(Signature of Insured or Authorized Representative)

(Date)