



INSURANCE

REIMBURSEMENT

ASSISTANCE



AMERICAN MEDICAL HEALTH ALLIANCE

American Medical Health Alliance
11807 Westheimer Rd. #550-158
Houston, TX 77077
Office Line 281-580-1423
Fax Line 281-580-1453
E-mail: info@amhabilling.com
Web: www.amhabilling.com

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 18 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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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.**

By initialing here you agree to pay AMHA *(Initial) _____ 20% (Contingency Rate) should AMHA successfully obtain a 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 20% 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.

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

We look forward to assisting you. If you should have any questions, please feel free to call us at (832) 615-3531. For immediate transmission of documents, fax them to (832) 778-7090. You can also e-mail any of your concerns or questions directly at Globalbillingservice@mac.com

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)



AMHIA

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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 _____ Phone _____

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 _____ Phone _____

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

Benefits quoted is 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.



HIPAA Compliance Patient Consent Release Form

This form is to serve as official authorization to release medical documentation to American Medical Health Alliance /AMHA (Third-Party Independent Insurance Reimbursement Advocate Company). This notice authorizes AMHA to request your complete medical history and bills from Gordon Medical Center in Santa Rosa, CA. You have the right to restrict how your protected health information is used and disclosed for treatment, payment or healthcare operations. We are not required to agree with this restriction, but if we do, we shall honor this agreement. The HIPAA (Health Insurance Portability and Accountability Act of 1996) law allows for the use of the information for treatment, payment, or healthcare operations. By signing this form, you consent to our use and disclosure of your protected healthcare information for the purpose of preparing medical claims for insurance reimbursement. You have the right to revoke this consent in writing, signed by you. However, such a revocation will not be retroactive.

By signing this form, I understand that:

Protected health information may be disclosed or used for treatment, payment, or healthcare operations.

- AMHA reserves the right to change the privacy policy as allowed by law.
- AMHA has the right to restrict the use of the information but the practice does not have to agree to those restrictions.
- The patient has the right to revoke this consent in writing at any time and all full disclosures will then cease.

This consent was signed by:

(PRINT NAME PLEASE)

Signature: _____ Date: _____