Air Medical Transport Services provided by Air Methods Corporation

DEFENDERS OF TOMORROW™

July 22, 2019

(855) 896-9067
CustomerCare@airmethods.com
Hours: M-F 6:00am-4:30pm PT
www.airmethods.com

Dear Alvin Letner:

We understand this can be a difficult time and we want you to know we are here for you.

Thank you for allowing Arch Air Medical Service Inc to assist with your air medical transport needs. We are proud of the services we provided to you and we value you as our patient. Please be aware that we will be submitting your claim to your insurance on your behalf.

We are sending this packet to aid in the processing of your claim for your air medical transport services. In this packet you will find the following documents that require your attention:

- **Notice of Privacy Practices** explains how your medical information can be used or disclosed and how you can get access to this information. It is important that you review this document carefully to understand your rights.
- **Assignment of Benefits (AOB)** requires your signature so we can bill, appeal, and act as your representative to secure payment from your insurance.
- **Designation of Representative (DOR)** allows you to designate an individual to represent you on a specific appealed claim.

931EXLNET03PINFOPKT

Do not send correspondence to this address.
EXLNET03
PO Box 1280
Oaks PA 19456-1280
ADDRESS SERVICE REQUESTED

Air Methods
Important information Enclosed

◄—DO NOT SEND PAYMENTS –OR- CORRESPONDENCE TO THIS ADDRESS!

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The purpose of this letter is to notify you that it is common practice for health insurers to underpay out-of-network providers' claims leaving their members with large balances outside of the plan's deductible and coinsurance amounts.

We are here to help you in the claims adjudication process, which we know can be confusing and sometimes frustrating, and we would like to be proactive in obtaining all the documents we may need in order to support you and the satisfactory reimbursement for your claim. We have a team specially trained in assisting our patients with conference calls to your insurance company to help with any questions or concerns you may have for them about your plan benefits and options for appealing any type of dispute you may have.

We suggest the following steps to expedite payment on your claim:

- Please sign and return the **Assignment of Benefits** Form and **Designation of Representative** forms in the enclosed self-addressed envelope promptly. We truly appreciate your time and attention to these important documents.

- Obtain a copy of your Summary Plan Document. You should be able to obtain this through the insurer's website if you have a member login, by calling your insurer, or by contacting your Human Resources Department if you have a Group Health Plan.

- Remain involved in the claims process. Contact your insurer to status your claim. Remind your insurer that you received an emergency service and that the claim should process as in-network at full billed charges.

- Watch for your Explanation of Benefits (EOB) in the mail. You will want to review the patient responsibility balance. Keep a copy of this document for your records.

- Contact our office if you receive an underpayment from your insurance.

We, as Patient Advocates, are here to assist you in ensuring that your claim is processed quickly and with sufficient reimbursement so that your insurance pays your claim in accordance with your benefit plan. We hope your insurance recognizes your value as their member just as we value you as a patient, and we will do everything we can to assist you and to encourage them to process your air ambulance bill appropriately.

If you have any questions, please contact one of our Patient Advocates by phone (855) 896-9067 or by email at CustomerCare@airmethods.com.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We may deny your request to amend your medical information only in certain circumstances, like when we believe the record you have asked us to amend is complete and accurate. If you wish to request that we amend the medical information that we have about you, you should contact our privacy officer at the address listed at the end of this notice.

The right to request an accounting: You may request an accounting (a list) from us of certain disclosures of your PHI that we have made in the six years prior to the date of your request. We are not required to give you an accounting of disclosures for purposes of treatment, payment or health care operations, or for disclosures you authorize. If you wish to request an accounting, contact our privacy officer at the address at the end of this notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request restrictions on our use or disclosure of your PHI for purposes of treatment, payment or health care operations. Your request must state the specific restriction and to whom you want the restriction to apply. We are not required to agree to those restrictions, unless the disclosure is to a health plan for a payment or health care operation purpose and is not otherwise required by law, and the PHI relates solely to a health care item or service for which we have been paid out-of-pocket in full. If you wish to request a restriction, contact our privacy officer at the address at the end of this notice.

If you have given another individual a medical power of attorney, or if another individual is appointed as your legal guardian or is authorized by law to act on your behalf, that individual may exercise any of the rights listed above for you. We will confirm this individual has the authority to act on your behalf before we take any action.

Internet, Electronic Mail, and the Right to Obtain Copy if Paper Notice on Request: If we maintain a website, we will prominently post a copy of this Notice on our website. If you allow us, we may forward you this Notice by electronic mail instead of on paper. You may always request a paper copy of the Notice, even if you have previously agreed to receive an electronic copy.

Revisions to the Notice: Air Methods Corporation reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted to our website, if we maintain one. You can get a copy of the latest version of this Notice by contacting our privacy officer.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services, if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. Should you have any questions, comments or complaints you may direct all inquiries to our privacy officer at the address listed below.

Privacy Officer Contact Information:

Alan Einisman, VP & Chief Compliance Officer
Air Methods Corporation
5500 South Quebec Street
Suite 300
Greenwood Village, CO 80111

Effective Date of the notice: October 2, 2017

For questions about this notice please call Alan Einisman at (303) 749-2856 or toll free at (800) 433-3555. You may also e-mail Alan at Alan.Einisman@airmethods.com.

For questions about your account, please call our Patient Advocates at (855) 896-9067.

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All communications concerning disputed debts, including an instrument tendered as full satisfaction of a debt, must be sent to PO Box 2532, Fontana CA 92334-2532.

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Air Methods®

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Frequently Asked Questions

Who is Air Methods?

Air Methods is the country's leading air ambulance provider. We provide emergency medical care and deliver patients to hospital partners, like the one where you received care. Air Methods includes several air ambulance companies operating under our umbrella such as the one that transported you.

What does Air Methods do for me?

Along with transporting you, our Teammates will work with the treating hospitals and you to obtain and bill your insurance plan. Upon completion of the insurance billing process, our dedicated team of Patient Advocates and Financial Counselors will continue to work with you to resolve any outstanding balance

What can I expect during this process?

Every patient is unique and the billing process varies. Our mission is to work with each patient individually to resolve each account as quickly as possible.

How do I contact Air Methods?

You can contact us for the various reasons below:

- If you have no insurance, call (800) 490-9437
- If you have insurance questions, call (855) 896-9067

What kinds of insurance do you work with?

We often work with health insurance, auto insurance, worker's compensation, travel, indemnity and other insurance.

What if I don't have insurance?

We have a team of Patient Financial Counselors who are here to help. We understand that every patient's individual financial circumstances are unique and our Patient Financial Counselors can discuss your options with you. Please call (800) 490-9437 to speak with a Patient Financial Counselor today.

Glossary of Terms

- **Claim:** A request for payment that you or your health care provider submits to your health insur when you get items or services you think are covered.
- **Designation of Representation (DOR):** Th Designation of Representation (DOR) form allow you to designate an individual to represent you o a specific appealed claim.
- **Explanation of Benefits (EOB):** A statemen sent by your health insurance company to cover individuals explaining what services were paid fo on their behalf.
- **Third Party Liability (TPL):** Refers to insurance that provides protection against liabilit caused by accidental injury of death of other persons. Examples of liability insurance are homeowners insurance, uninsured and underinsured motorist insurance, bodily injury protection, casualty and umbrella policies, wrong death benefits, or professional liability.
- **Assignment of Benefits (AOB):** Allows provider to bill, appeal, and act as your representative to secure payment from your insurance.
- **HIPAA Notice (Notice of Privacy Practices):** Explains how your medical information can be used or disclosed and how y can get access to this information.
- **Reference Number:** Unique number used to retrieve your account information.
- **Insurance Questionnaire:** Form is used to provide all insurance information to provider.

For any further questions, contact us at:

(855) 896-9067

CustomerCare@airmethods.com

To learn more about Air Methods, please visit **www.airmethods.com/patients/faqs**

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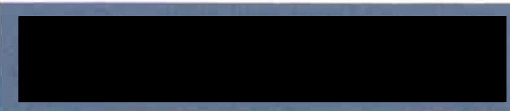
DEFENDERS OF TOMORROW™



Designation of Representative (DOR)

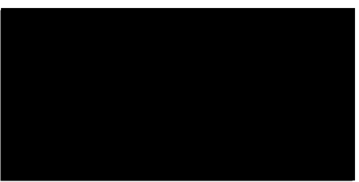
Please fill out all fields and return in the enclosed postage paid envelope.
For help on filling out the form, contact us at:

(855) 896-9067

CustomerCare@airmethods.com

DATE: July 22, 2019

MEMBER NAME: Alvin Letner



I hereby authorize Arch Air Medical Service Inc to appeal a benefit determination, concerning an underpayment or denial on my behalf, as my Designated Representative, and as part of the appeal, I hereby authorize Bc/Bs Kansas in its decision letter and in connection with the processing of my appeal, to communicate with my Designated Representative in all aspects of the appeal.

I understand this information is privileged and confidential and will only be released as specified in this authorization, or as required or permitted by law. This authorization is valid for a period of one year.

____

Signature of Member or Legal Guardian/ Representative

____

☐ Signature of Witness ☐ Designated Representative (Check One)

____

Name of Witness/Designated Representative (Please Print)

____

Title (if on provider's staff) or Relationship to Member

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Assignment of Benefits (AOB)

Please fill out all fields and return in the enclosed postage paid envelope.
For help on filling out the form, contact us at:

(855) 896-9067

CustomerCare@airmethods.com

ASSIGNMENT OF BENEFITS
REQUIRED FOR INSURANCE BILLING

RELEASE OF INFORMATION I agree to allow Air Methods Corp., its agents and any of its associated companies (together, "Provider") to share any part of my medical record or other information needed for billing and payment for services delivered by Provider, now or in the future, to any financially responsible party, including: the Centers for Medicare and Medicaid Services (CMS), their agents, Worker's Compensation carriers, health or liability insurers, and any other insurance organization or billing agent (together, "Insurer"). I agree to allow anyone with medical and billing information about me to release to Provider or Insurer any information necessary for billing and payment purposes. I agree a copy of this form may be used instead of the original.

ASSIGNMENT OF BENEFITS & RIGHTS I agree to allow and request any Insurers to directly, immediately and exclusively pay Provider the proceeds of my benefits up to the full amount of Provider's charges for services delivered now or in the future. I assign to Provider all of my rights and interest in all such insurance benefits or proceeds for services delivered by Provider, including the rights to: (1) request and receive any documents or information from any entity or person, including those governed by the Employee Retirement Income Security Act of 1974 ("ERISA"), to the full extent of my rights; (2) appeal any denial or underpayment of benefits or coverage; (3) pursue any legal remedies in any forum and get all available relief (monetary or equitable), including applying all ERISA provisions. These rights assigned to Provider are assigned completely, without any limitations or reservations.

FINANCIAL RESPONSIBILITY I will cooperate with any efforts by Provider to maximize payment of my insurance benefits and minimize my personal financial responsibility. I agree to allow Provider to be my advocate throughout the billing process to help resolve my claim as quickly as possible. If I receive payment from an Insurer for Provider's services, I agree to promptly send such payment to Provider. I understand that many Insurers will only pay for services that meet certain coverage requirements, such as medical necessity. If my Insurer denies or underpays Provider's charges for any reason, or if I have no insurance, I accept direct financial responsibility for any unpaid charges.

COLLECTIONS & TELEPHONE CONSENT I agree to allow Provider to: (1) use pre-recorded or artificial voice messages, or an automatic telephone dialing system, to contact me at the telephone number provided below, which may be a wireless or cell phone number; (2) leave answering machine or voice mail messages for me, and include in any such messages information required by law (including debt collection laws) or other information about amounts I owe; (3) send text messages or e-mails to the telephone number and e-mail address provided below about unpaid balances or other billing issues. I also agree to allow Provider to get a credit report to help collect unpaid balances.

I have read this information and I am the patient, the patient's legal representative or authorized by the patient as the patient's agent to sign this Assignment of Benefits and to accept its terms.

Mark the Appropriate Box and Sign Below:
Signer below is the: ☐ **Patient** ☐ **Insurance Policy Holder** ☐ **Power of Attorney**

Signature: ______________________________ Date: ____/____/______

Printed Name of Signer: ______________________ Relationship to Patient: ______________

Patient Name (if not signer above): ______________________ Patient Date of Birth: ____/____/______

Last four digits of Patient's Social: ____________ Phone: ____________ Email: ______________

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RETURN IN THE ENVELOPE PROVIDED USING THE ADDRESS BELOW:
(Please FOLD along the dotted line above to fit address in enclosed envelope)

FIRST-CLASS MAIL PERMIT NO. 323 FONTANA, CA 92334
POSTAGE WILL BE PAID BY ADDRESSEE

LifeNet, Inc. DBA Arch Air Medical Service, Inc.
Post office box 2532
FONTANA, CA 92334-9938