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## Streamline Billing

Dear AALFA Patients:

In a continuing effort to assist our patients regarding insurance and cost issues, and to efficiently manage our business costs, we have found that streamlining our billing process has been a positive move for our patients.

As the health insurance industry continues to change, more insurance plans are requiring greater patient responsibility including but not limited to: higher deductibles, Health Savings Accounts, larger co-pays, or increased co-insurance amounts. Historically, our practice has first submitted a claim to your insurance company, waiting for the Explanation of Benefits (EOB) to inform us of the Patient Responsibility to collect for the services provided. We have then sent out a separate statement to the patient/guarantor to collect the remaining Amount Due. Although this secondary billing represents a costly and inefficient process, our practice methodology continued to use these procedures. Over the past two years we have changed some of our billing practices, including providing an estimate of patient responsibility and sending fewer statements, which resulted in positive patient feedback.

Because of the confident patient response to these changes, we are continuing to maintain and enhance the simplified process we have adopted.

1. Patient/Guarantor will continue to check in with the front desk receptionist at the time of the visit.
2. After the doctor visit is completed you will be asked to bring an **Estimator ticket** to one of our staff to complete the Check-Out process.
3. At Check-Out a staff member will use the Estimator Ticket to **estimate** the Patient Responsibility for the services provided during the visit. The estimated Patient Responsibility is determined by the patient's insurance policy and coverage, and what the visit entailed.
4. You will be given the estimate, and in return AALFA will ask for a health savings card, valid credit card, or debit card (VISA, MasterCard, or Discover) to run an authorization of payment for the estimated amount.
  - **Disclaimer: This authorization will not result in an immediate charge to your account, and is not meant as a final payment of any potential balance.** Rather, it authorizes AALFA Family Clinic to receive payment at a later time, only after your Insurer confirms the actual Amount Due from you, which will be indicated on your EOB.
  - This eliminates the need for AALFA to send out a separate statement for the remaining balance, making the billing process less costly and more efficient. In essence, this process is identical to the process you use when you reserve a hotel or rental car.
5. A copy of the estimate will be printed for your records, and you will sign a receipt for authorization of payment.
6. After you receive your EOB electronically or by mail, our Billing Office also receives a copy of the EOB and will apply your credit authorization to the indicated Patient Responsibility amount.
  - If the Amount Due is less than the amount you authorized, **we will charge only the actual amount reported on the EOB.** If the Amount Due is greater than your authorization, we will be able to charge only the amount you authorized at the time of this Check-out process; we will bill you for any additional balance.

As a result of this process, patients have shared with us that their outstanding balances are resolved more efficiently, and there is less payment crossing over for services that may have occurred weeks earlier. AALFA believes the savings we incur will help us continue to demonstrate value to our patients by maintaining fees at a competitive level.

Thank you for your sincere comments and constructive feedback regarding these new processes. If you have any questions or comments, please do not hesitate to contact us.

Sincerely,  
AALFA Family Clinic Staff