Beneficiary Cost Sharing Policy

In Home Medical Group

1. Purpose

This policy explains how In Home Medical Group determines and collects a patient's ("beneficiary's") share of the cost for healthcare services. Our goal is to be transparent about your financial responsibility so there are no surprises after your visit.

2. Definitions

- **Copayment (Copay):** A fixed dollar amount you pay for a covered service at the time of the visit (e.g., $25 for a primary care visit).
- **Coinsurance:** A percentage of the allowed cost of a service that you're responsible for after your deductible is met (e.g., 20% of the allowed amount).
- **Deductible:** The amount you must pay out-of-pocket for covered services before your insurance plan begins to pay.
- **Out-of-Pocket Maximum:** The most you'll have to pay for covered services in a plan year; after this amount, your insurance pays 100% of covered services.
- **Allowed Amount:** The maximum amount your insurance plan will pay for a covered service, as negotiated between the plan and the provider.

3. How Your Cost Share Is Determined

Your specific cost-sharing amounts depend on:

- Your individual insurance plan and benefit design
- Whether the service is in-network or out-of-network
- Whether you have met your annual deductible
- The type of service received (e.g., preventive care, specialist visit, procedure)

We recommend reviewing your insurance plan's Summary of Benefits or contacting your insurer directly for plan-specific details, as In Home Medical Group does not set your plan's benefit structure.

4. When Cost Sharing Is Collected

- **Copayments** are generally collected at the time of check-in.
- **Coinsurance and deductible amounts** are typically billed after your insurance has processed the claim, since the exact amount depends on how your insurer adjudicates the claim.
- **Estimated costs** may be requested in advance for certain elective or scheduled procedures.

5. Good Faith Estimates

For patients who are uninsured or choose not to use insurance, In Home Medical Group will provide a Good Faith Estimate of expected charges prior to scheduled services, consistent with applicable federal and state requirements (e.g., the No Surprises Act).

6. Financial Assistance and Payment Plans

We understand that cost sharing can create financial hardship. In Home Medical Group offers:

- **Interest-free payment plans** for balances over $500
- **Financial hardship / charity care applications** for qualifying patients based on income and household size
- **Prompt-pay discounts** where applicable and permitted by payer contracts

To request financial assistance, contact our billing office at 1-630-320-6871.

7. Disputing a Charge

If you believe your cost-sharing amount was calculated in error, you may:

1. Request an itemized statement from our billing department
2. Contact your insurance plan to confirm how the claim was processed
3. Submit a billing inquiry to In Home Medical Group at 1-630-320-6871.

8. Non-Discrimination

Cost-sharing policies are applied consistently to all patients regardless of race, ethnicity, national origin, religion, sex, age, disability, or health status, in accordance with applicable law.

9. Questions

For questions about your bill, insurance coverage, or this policy, please contact:

In Home Medical Group Billing Department
Phone: 1-630-320-6871

This policy is subject to change. This document is intended for general informational purposes and does not constitute a guarantee of coverage or costs, which are determined by your individual insurance plan.