

Patient Balance Write Off for Reasons of Financial Hardship

Disclosure: It is the provider and/or practice's responsibility to obtain and process applications for financial hardship and make determination of qualification of financial hardship for patients on a case by case basis. My AK Billing, LLC requires signed notification from the provider and/or practice that reasonable efforts have been made to obtain payment for or have made applicable determination that the patient qualifies for financial hardship write off for: Deductibles, copayments, coinsurance or other patient liabilities as originally assigned by the insurance company at the time claims are processed. A patient enters into a contract with an insurance company to accept assignment of benefits and it is the patient and provider's responsibility to have knowledge of benefits and coverage prior to services being rendered for non-emergency services. If the patient is found to be in financial hardship and cannot make payment for services already rendered, the provider must make reasonable attempt to collect on such payments and review application for financial hardship to meet federal, local and all applicable state laws as well as notify the insurance company of the intent to write off any patient liability to avoid fraudulent practice or intent with all parties. Routine adjustments or "write-off" of patient liabilities is strictly prohibited, against any applicable insurance network agreements and against the law. Accepting only insurance payment for services while neglecting to collect or attempting to collect patient liabilities is insurance fraud and abuse. My AK Billing, LLC is a third party billing service that does not participate or assist in the determination of any financial hardship for patient's for any practice regardless of provider contract status. Accepting payment solely from the insurance payer/company without reasonably attempting to collect deductibles, coinsurance, copays or balance bill amounts for out of network services when applicable, the provider understands the insurance has overpaid the provider and an audit would find justification of refund of a portion or all payments made to the provider as well as any applicable fines and penalties for recurring or routine write off of such liabilities. Additionally, routine or recurring write off of outstanding patient liabilities without reasonable attempt of collections, regardless of means, does not qualify for bad debt, tax write-offs, business losses or otherwise.

I, _____, have read and agree to the above disclosure and have made reasonable attempt to collect payment for all patient liabilities for (patient name) _____ for dates of service _____.

I have followed my applicable practice policies as well as federal, local and state laws and have communicated my intent to write off the patient liability in the amount of \$ _____ for the above dates of service to the patient's insurance company(s).

Provider Name & Signature

Date