

**ACKNOWLEDGEMENT OF BILLING PRACTICES
FOR
THE ALABAMA DEPARTMENT OF PUBLIC HEALTH'S
BUREAU OF CLINICAL LABORATORIES**

Other than laboratory services provided pursuant to the Alabama Department of Public Health's Newborn Screening Program, the policies and practices described in this Acknowledgement apply to any specimen submitted by _____ (Provider) to the Bureau of Clinical Laboratories (BCL) for laboratory service(s). The undersigned, on behalf of Provider, acknowledges receipt of these policies.

Billing

BCL must receive a separate requisition for each laboratory service (Service) requested.

Unless altered by written contract or law, BCL's rate for a Service is 150% of the Medicare fee schedule in effect at the time BCL performs the Service.

If the requisition indicates Provider is the party responsible for payment or fails to designate a responsible party or if required by law or contract, BCL will bill Provider directly. BCL will send billing statements to Provider at the following:

BCL will bill a third-party payer or the patient only if the requisition properly designates such billing or such billing is required by law or contract. To do so, the requisition must contain all information necessary to bill and collect the amounts due from the third-party payer or patient. At a minimum, the necessary information includes the following:

- Service requested;
- Patient information as required for payment to include the patient's last name, first name, date of birth, id number, social security number, and address;
- Ordering provider's first name, last name, and NPI number;
- Complete insurance information for all third-party payers including policy number, policy holder's complete name, and the third-party payer's address and telephone number;

- Adequate diagnosis information for all third-party payers.

If Provider has received prior, express approval directly from a publicly funded program administered by the Alabama Department of Public Health (ADPH Program) to cover the cost of a Service and if the ADPH Program's grant requirements are satisfied, the requisition may designate the ADPH Program as a third-party payer. In determining whether to cover the cost of a Service, an ADPH Program does not take into account the volume or value of any potential referrals from Provider. An ADPH Program's determination to cover a Service's cost is not intended to be, and should not be construed to be, an inducement or payment for referrals.

If BCL is unable to collect and retain payment from the applicable third-party payer, BCL will bill the patient.

Warranties and Agreements

By submitting a specimen or requisition to BCL, Provider warrants the following:

- Provider and all persons related to the submission of the sample or ordering of the Service have not been debarred, excluded, or otherwise determined ineligible for participation in any federal health care program, as defined under 42 U.S.C. section 1320a-7b(f).
- If a third-party payer is designated as the party responsible for payment, the third-party payer covers the requested Service for the patient and is the appropriate party to be billed.
- If Medicare, Medicaid, or any other federal health care program is designated as the party responsible for payment, the Service is reasonable and medically necessary for the patient.
- Provider has procured and will maintain accreditation, licensure, certification, and registration in accordance with all applicable state and federal laws, rules, and regulations.
- If BCL performs a Service as requested, the Service complies with all pertinent provisions of federal, state and local statutes, rules, and regulations.
- Provider will provide all information that BCL requires for billing, compliance, and performance of service purposes.

If Provider submits and BCL accepts a specimen for Service(s), BCL and Provider agree:

- BCL and Provider will keep and maintain patient information and records in accordance with applicable law, including the Health Insurance Portability and Accountability Act of 1996, as amended, and its implementing regulations, and will not release such information except as permitted or required by applicable law.
- Upon written request from the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting

Office, or any of their duly authorized representatives, BCL and Provider will make available a copy of this Acknowledgement and such books, documents and records as are necessary to certify the nature and extent of the costs of the Services provided. BCL and Provider will provide such access for a minimum of four years after the services are furnished or the completion of any audit or audit period, whichever is later.

Miscellaneous

This Acknowledgement and BCL's billing policies and practices are not intended to provide any remuneration in cash or in kind for the referral of any patient whatsoever.

A waiver of any term, provision, or condition of this Acknowledgement or BCL's billing policies and practices, whether by conduct or otherwise, in any one or more instances, may not be deemed to be or construed as a further and continuing waiver of any such term, provision or condition.

If any term, provision, or condition of this Acknowledgement or BCL's billing policies and practices is found to be unlawful or unenforceable, the remaining portions will continue in full force and effect.

In performing laboratory services for Provider, BCL is at all times acting and performing as an independent laboratory. Provider neither has nor exercises any control or direction over the methods by which BCL or its employees perform their work and functions.

BCL may amend this Acknowledgement and its billing policies and practices by providing notice to Provider.

The undersigned warrants that he or she is an authorized representative of Provider and has the authority to acknowledge receipt of these policies on Provider's behalf.

Provider: _____

Provider's Address: _____

By (signature): _____

Name (print): _____

Title: _____

Date: _____