HST
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hstechnology.com

Patient Advocacy Center (PAC)

Balance Bill Workflow — Member Edition

P: (888) 837-2237
E: pac@hstechnology.com
F: (949) 891-0420

Should you receive a balance bill for an amount above your responsibility a copy of your bill and Explanation of Benefits (EOB) is to be submitted to the Patient Advocacy Center. Our responsibility is to attempt to ensure the hospital's excessive charges are not passed on to you and that you receive a fair price.

HST Connect Mobile App or HSTconnect.com

PAC will send you an introductory letter about HST and the advocacy services provided to you once your case is open.

Your Patient Advocate will call the hospital to educate them on your Health Plan and/or negotiate if needed. If negotiations are successful, the Plan will issue a new EOB which may require an additional out-of-pocket expense related to deductibles and coinsurance.

PAC will call you to confirm you received the introductory letter and guide you through the PAC process. PAC will provide you with your Patient Advocate's contact information. You are only responsible for paying the patient responsibility amount referenced on your Explanation of Benefits. Please make sure you pay your patient responsibility, or we will be unable to provide our PAC services.

Negotiating balance bills take an average of 15 business days for the hospital to review and respond to us.

The average time to resolve a balance bill is 45 days and is dependent on the hospital's responsiveness.

Billing collection statements from the hospital do not affect your credit report. Although we request your account to be placed on hold, you may continue to receive billing statements and phone calls from the hospital. If this happens, provide them your Patient Advocate's contact information. If you receive any additional notices, please send us a copy.

During this time, your Patient Advocate will follow up with you every 10 business days by phone, email, or text message* to keep you apprised of their efforts through resolution.

*We encourage you to enroll in text messaging updates as this allows for prompt and seamless communication between you and your Patient Advocate.

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UNWILLING TO NEGOTIATE

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If the hospital is unwilling to accept the Plan's payment or negotiate a settlement during the initial discussions, we may need to forward you a letter for your review and signature.

This letter is designed to protect your credit under the Fair Credit Reporting Act. The letter requests the hospital communicate directly with the Patient Advocacy Center and gets you out of the middle. We are actively seeking resolution and attempting to make sure the hospital's excessive charges aren't passed on to you.

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The provider has 30 days to review and respond to the letter. Once reviewed, we'll continue our negotiations to reach a reasonable settlement. If the hospital is unresponsive, a follow up call is made every 5 business days to ensure the letter has been received and reviewed. Should we continue to not receive a response, we will escalate discussions to the Director or VP level to discuss a possible settlement.

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Although Federal law permits this process up to 180 days, your Patient Advocate will keep you apprised every 10 business days through resolution. We understand this can be an intimidating process and we are here to support you. As a reminder, do not pay the balance bill as this will only disrupt the progress the PAC has made and will hinder any negotiations with the hospital for future cases. If you are unsure of the process or if the hospital continues to call, rest assured that we are still negotiating on your behalf and corresponding with the hospital

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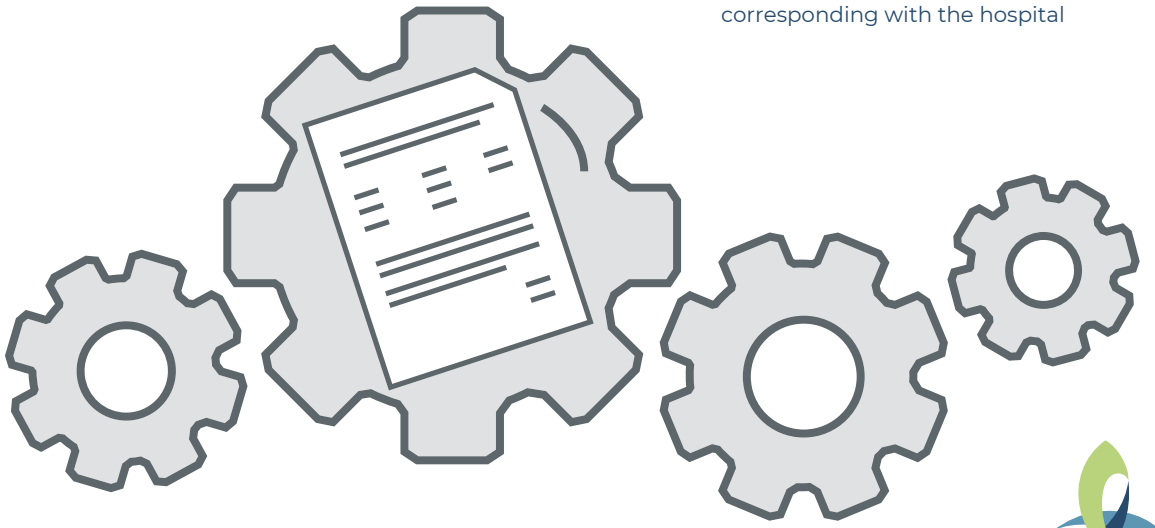
If the dispute has not been closed within the 180 days, all remedies are exhausted, and we will call your Health Plan to present options to determine how they'd like to move forward. The balance owed depends on how the Plan wants to proceed with the hospital. Your Patient Advocate will follow up with you to inform you of the Plan's decision.



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