

Answers to your Patient Billing Questions

It's normal to feel anxious when you need medical transportation. Our caregivers help ease those feelings when they administer care. Our Patient Business Service professionals do the same for patients and customers who have questions about the billing process.

- **How do I obtain a copy of my medical records?**

To comply with applicable laws, requests for medical records must be made in writing. To obtain the medical records request form, please call medical records at (818)996-2200 Ext.105. Complete form and send via postal mail to the address listed.

- **Why Does APA Require Signature Authorization Before Treatment and Transport?**

All patients are required to provide signatures that acknowledge consent for treatment and transportation. With a signature on file, this provides APA with authorization to submit a bill on their behalf, assign their benefits to APA allowing their medical insurance carrier to pay APA directly, and is used as an acknowledgment showing the patient did receive a copy of APA's Privacy Policy. APA cannot submit a claim to a medical insurance carrier without a signed authorization from the patient or guardian. Failure to provide a signed authorization may require APA to seek payment directly from the patient or guarantor.

- **How do Private Ambulance Services Differ from Public Ambulance Services?**

Unlike some other public services that are supported by tax revenue, private ambulance services are funded by user fees. Taxpayers fund public services such as fire and police protection whether they use those services or not. Private ambulance services are typically not subsidized by tax revenue and rely solely on user fees. Under a private ambulance service system, you only pay for those services when you use them. In many jurisdictions across the country, local emergency medical services agencies have contracted APA to provide emergency paramedic and ambulance transportation service.

- **Does My Insurance Cover Non-Emergency Services?**

APA provides comprehensive non-emergency transportation services to patients who need to be safely transported from one location to another. Insurance plans may cover medically necessary non-emergency transports, but your insurance carrier will determine whether or not ambulance transportation meets their medical necessity criteria. It is important to check with your insurance provider to determine the specific requirements for payment related to non-emergency transportation.

- **Medicare Coverage: Emergency Ambulance Transportation**

In general, Medicare will cover medically necessary ambulance transportation to the nearest appropriate medical facility. Emergency ambulance transportation may qualify for Medicare coverage if the transport is a result of a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, impairment to bodily function or serious dysfunction to any bodily organ or part. Medicare requires that ambulance transportation be medically necessary and reasonable. To be medically necessary, Medicare requires that the use of any other method of transportation would be hazardous to the patient's health.

- **Medicare Coverage: Non-Emergency Ambulance Transportation**

In general, Medicare will not pay for non-emergency ambulance service unless the patient is unable to get out of bed without assistance and unable to walk, unable to sit in a chair or wheelchair, and/or that transportation by any other means would pose a hazard to the patient's health. Medicare will not pay for ambulance transportation to a preferred hospital or facility that is not the nearest appropriate facility or for the convenience of the patient, the family or physician. Medicare does not pay for wheelchair, stretcher or gurney transportation. Medicare will pay 80 percent of their allowable rate for both emergency and non-emergency transportation service that meets medical necessity guidelines. The remaining 20 percent will be due from the patient or the patient's secondary insurance carrier. As a courtesy, APA will submit a claim to the secondary insurance carrier on the patient's behalf but the patient is responsible for assuring timely payment by their secondary insurance carrier.

- **What does Medicaid Cover?**

Medicaid is a program funded by the state that provides medical insurance to assist patients who qualify under the program. The coverage of medical services varies from state to state and patients should check with their Medicaid program to understand coverage criteria for ambulance transportation. In general, Medicaid programs require that all ambulance transportation meet the specific medical necessity criteria established for their state.

- **What Does Insurance Cover?**

Ambulance transportation coverage varies from insurance policy to policy. It is important to review your insurance coverage to understand the limitations and requirements of your coverage. It may be necessary to obtain a prior authorization from your insurance carrier when scheduling non-emergency transportation services. If your policy does not provide 100 percent coverage for ambulance transportation, you may be required to pay a deductible or co-payment as outlined in your insurance policy. Payment of all deductibles and co-payments are due immediately upon receipt of the bill.

- **What If No Coverage Exists?**

If a patient does not have insurance coverage, the bill for APA services will be due directly from the patient. Payment is due within thirty (30) days of receipt of the invoice. APA accepts personal checks, Visa, MasterCard, Discover and American Express. Patients can also make payment by phone by contacting APA's Patient Services at **(818)996-2200 Ext. 105**.

- **How Does APA Establish Rates?**

APA's rates are competitive for your community and meet all applicable local, state and federal limitations. Ambulance provider fees typically include a base charge for the transport, a mileage fee and charges for other procedures, supplies or medications administered.