



Title: Billing and Collection Policy	Alomere Health
	Department: Revenue Cycle
Last updated: 12/9/2025	

PURPOSE

Alomere Health is committed to our mission to strengthen and nurture the health and wellbeing of our family, friends, neighbors, and community through every season of life. To accomplish this at the lowest possible cost, patient balances need to be paid promptly.

The following information outlines Alomere Health's billing and collection procedures and payment expectations. Note that when we use the term "you," "your," or similar terms in this document, we are referring to the patient and/or the person who is responsible for paying for the patient's health care, as applicable. If you have any questions about this policy, please contact our business office staff at 320-759-4242.

Alomere Health will make reasonable collection efforts to identify patients who may be eligible for financial assistance. Collection procedures will be applied consistently and fairly for all patients regardless of insurance status. When making decisions throughout the collection process, Alomere Health is committed to upholding the multiple federal and state laws that preclude discrimination on the basis of race, sex, age, religion, national origin, marital status, sexual orientation, disabilities, military service, or any other classification protected by federal, state, or local laws. All collection procedures will comply with applicable laws and with Alomere Health's mission. For those patients unable to pay all or a portion of their bill, the applicable Financial Assistance Policy will be followed.

POLICY

Insurance

- If you are covered by insurance plan accepted by Alomere Health, we will bill your insurance plan for the health care services we provide to you based on the insurance information that you provide to us. We accept many insurance plans, but we cannot guarantee that your insurance plan will cover our services. You are responsible for verifying the coverage of your insurance plan and complying with any coverage-related requirements. We will check your insurance eligibility and demographics. If requested, you must present your insurance card and identification information at check-in. If you do not have insurance coverage, we will discuss payment options with you.
 - If a claim is denied or not processed due to an error by Alomere Health, the patient's financial responsibility will be limited to the amount that

would have been owed if the claim had been properly processed and paid by the payer.

- If a claim is denied or not processed by a payer for reasons beyond Alomere Health's control, staff will follow up with the payer and patient, as appropriate, to assist in resolution. If the claim remains unresolved after reasonable follow-up, Alomere Health will proceed in accordance with applicable payer contracts, which may include billing the patient or taking other actions consistent with regulations and industry standards.
- Liability insurance is not covered by these Insurance Collections provisions.

Self Pay

Alomere Health provides an estimate for all uninsured patients and select specialties for all patients regardless of insured status. This estimate will provide the patient with an estimated out-of-pocket cost for the anticipated service. Estimates are also available on demand for any patient who requests one, regardless of their insured status and service they are seeking. While Alomere Health strives to be as accurate as possible with estimates, unexpected services may be provided and could cause additional costs to the patient.

- You are responsible for any amounts not paid by your insurance. This includes copays, deductibles, non-covered services, and any another amounts not covered by your insurance. Copays are due at the time of your visit.
- Alomere Health will collect self-pay balances in a fair and consistent manner while maintaining confidentiality and patient dignity. Financial assistance will be offered to those patients whose income and assets prohibit full payment of services within a reasonable period of time.
- Patients participating in a health care sharing plan are considered self-pay. Claims are not sent to the health care sharing company and patients are responsible for following their plan's requirements for reimbursement.

Referrals

- If your insurance plan requires a referral for you to receive our health care services, you must get the required referral before you are seen at our facility. Failure to get a required referral could reduce your insurance benefit or leave you responsible for the total charges.

Statements and Payment Terms

- Alomere Health sends billing statements to the patient or responsible person monthly following the initial correspondence we receive from your insurance company. After your insurance company has paid or identified its portion of the bill, the remaining balance is your responsibility and should be paid within thirty-days (30) of the statement date. If you are unable to pay the amount due by the due date, please contact our business office to set up an acceptable payment plan.

Billing Error Review

- If you believe that your bill is not accurate, that a third party should pay the bill, or if you have other concerns about your bill, please contact our business office to discuss the matter.
- If you notify us of a billing error, or we otherwise determine that there is a billing error, we will review the bill and correct any billing errors found. While the review is being conducted, we will not bill you for the health treatment or services that are the subject of the review for potential billing errors.
- We may resume billing you for the health treatment and services that were reviewed for potential billing errors only after (a) the review is complete, (b) any billing errors are corrected, and (c) a notice of completed review (as detailed below) is transmitted to you. If, after completing the review and correcting any billing errors, we determine you overpaid us under the bill, we will refund the amount overpaid under the bill within 30 days after completing the review.

Required Error Review Notices

- If we determine or receive notice that your bill may contain one or more billing errors, within 30 days we will notify you of the potential billing error, that we will review the bill and correct any billing errors found and that while the review is being conducted, we will not bill you for any health treatment or service subject to review for potential billing errors.
- Within 30 days after we complete this review, we will notify you that the review is complete, explain in detail how any identified billing errors were corrected, or if applicable, why we did not modify the bill as requested, and include applicable coding guidelines, references to health records, and other relevant information.

Medical Debt Owed and Collection

- Alomere Health will send you statements identifying your remaining balance from time to time. If you are having difficulty paying your balance, we encourage you to contact our business office about your account as soon as possible. Our business office staff will help you with questions and concerns, and work with you on a payment plan and other reasonable options to help you pay your balance.

Referral to a Collection Agency or Law Firm

- Alomere Health may use a collection agency or law firm in certain cases where the terms of a payment arrangement or terms of our billing and collection policy have not been met.
- Collection agency and law firm staff will uphold the confidentiality and individual dignity of each patient. All agencies and law firms will comply with all applicable laws including HIPAA requirements for handling protected health information.
- If you have not paid the balance due within [120] days of the applicable statement date and have not made acceptable payment arrangements with our business office, or have not complied with an agreed-upon payment arrangement, we may refer your account to a collection agency or law firm. Your medical debt will not be reported by us to a consumer reporting agency or credit bureau.

- When collecting medical debt, we will comply with all applicable requirements of law (which may include the Minnesota Debt Fairness Act, the federal Fair Debt Collection Practices Act, HIPAA, and Minnesota state privacy laws).
- We will not deny medically necessary health treatment or services to you or any member of your family or household because of current or previous outstanding medical debt owed by you or any member of your family or household to us, regardless of whether the health treatment or service may be available from another health care provider. As a condition of providing medically necessary health treatment or services when you or any member of your family or household has current or previous outstanding medical debt to us, we may require you to enroll in a payment plan for the outstanding medical debt owed to us. The payment plan will take into account any information you disclose to us regarding your ability to pay. If you are unable to make all or part of the agreed-upon installment payments under any such payment plan, you must communicate your situation to us and you must pay an amount you can afford. We may seek other legally permitted remedies in the event of your failure to abide by the payment plan terms.
- We review accounts periodically to confirm the status of any debts, and to identify uncollectible and satisfied debts. We will end collection activities once a debt is identified as satisfied or uncollectable, in accordance with our arrangement with the applicable collection agency or law firm. Our business office staff will provide updates regarding the status of your account upon your request.
- Alomere Health may pursue legal action against patients who refuse to pay a bill, and either are not eligible or have not cooperated in the process of making a determination for financial assistance. Legal action and lawsuits are appropriate if the debt is authorized, all known payers have been billed, Alomere Health has offered the patient a reasonable payment plan, and the patient has been given a reasonable opportunity to apply for financial assistance.

Extraordinary Collection Actions (ECAs)

ECAs are a list of collection activities, as defined by the IRS and Treasury, that healthcare organizations may only take against an individual to obtain payment for care after reasonable efforts have been made to determine whether the individual is eligible for financial assistance. Prior to engaging in ECAs, Alomere Health will identify whether reasonable efforts were made to determine whether an individual is eligible for financial assistance.

- Alomere Health or its authorized collection agencies or law firms, may take actions to obtain payment of a medical bill that include, but are not limited to, the following, that require legal processes: a) commencing a civil action or lawsuit against the patient or responsible individual; b) garnishing an individual's wages after securing a court judgment; c) attaching or seizing an individual's bank account, other personal property, or other judgment enforcement action permissible under state law after securing a judgment; d) placing a lien on an individual's property after securing a judgment provided that placing a lien against an

individual's personal injury recovery, settlement, compromise, or judgment is not considered an extraordinary collection action (ECA).

- Placing a patient's account with a collection agency is not an extraordinary collection action.
- ECAs for hospital services will not commence for a period of 120 days after the date of the first post-discharge billing statement for the applicable medically necessary or emergency medical care.

Financial Assistance

- Please refer to Alomere Health's financial assistance policy located on our website.
- Alomere Health will notify individuals of financial assistance availability to eligible individuals at least 30 days prior engaging in ECAs to obtain payment for services provided at Alomere Health by doing the following:
 - Provide written notice to the individual indicating that financial assistance is available to eligible individuals, indicating that Alomere Health intends to initiate or have a third party initiate to obtain payment for the care, and provides a deadline after which ECAs may be pursued and which is no later than 30 days after the date of this written notice;
 - Provide the individual a Plain Language Summary of the Financial Assistance Policy with this written notice;
 - Make reasonable efforts to orally notify individuals about Alomere Health's financial assistance policy

Customer Service

- Any questions related to this policy or our billing and collection process, statements, billing, payments, financial assistance, or estimates can be directed to our Patient Account Representatives at 320-759-4242 or 800-450-6101; hearing impaired patients may call 877-746-4674.