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Aetna Payment Policies

PLEASE READ CAREFULLY

Insurance Verification

I am responsible for ensuring that my insurance benefits are active and include lactation coverage.

Serenity Wellness Services, LLC can verify the existence of benefits only. Verification of benefits is not a guarantee of payment. Final claim determination is made solely by the insurance carrier after claims are processed.

Serenity Wellness Services, LLC cannot see specific plan limitations, exclusions, special circumstances, or internal processing rules that may affect coverage.

I understand that Serenity Wellness Services, LLC will submit claims for both the lactating parent and the baby to their applicable insurance policies.

Fully Covered Codes

I understand that when Aetna states I have six "free" lactation visits, this refers to six uses of code S9443 (breastfeeding class), shared between myself and my baby.

S9443 is the base code used for these visits.

This base code has no associated cost-sharing (copay, coinsurance, or deductible) for the first six combined uses between parent and baby.

After six combined uses, S9443 will be applied to patient responsibility according to my specific plan benefits.

The contracted reimbursement rate for S9443 is $71.50.

Additional Codes Used

I understand that Serenity Wellness Services, LLC must bill additional codes, in addition to S9443, for each patient and each consult in order to accurately reflect the services provided and comply with coding and documentation requirements.

These additional codes commonly have cost-sharing applied (copay, coinsurance, and/or deductible), depending on my specific insurance plan.

Serenity Wellness Services, LLC cannot predict how Aetna will process claims, as Aetna administers many different plans with varying rules.

I understand that information provided by insurance customer service representatives may not reflect how claims are ultimately processed.

I acknowledge that it is not possible for Serenity Wellness Services, LLC to bill only S9443.

I agree not to request that Serenity Wellness Services, LLC alter billing codes or documentation in order to obtain insurance coverage.

Cost-Sharing and Payment

As an in-network provider, Serenity Wellness Services, LLC is contractually obligated to collect any cost-sharing amounts (copay, coinsurance, deductible) applied by my insurance company.

If cost-sharing is applied, I agree to pay all applicable charges within 7 days of invoicing.

By signing this policy, I authorize Serenity Wellness Services, LLC to charge the card on file for any balance determined to be patient responsibility by my insurance carrier.

Invoices are sent via IntakeQ by email or text message (depending on my cellular service carrier).

Financial Responsibility

If my insurance plan denies coverage of lactation services after claims have been submitted, I am responsible for payment at the self-pay rate and agree to pay the balance within 7 days.

If my insurance plan applies claims to my deductible, I am responsible for payment of the full allowed amount determined by my insurance carrier.

If one of us (either parent or baby) is covered by an out-of-network insurance plan, I agree to pay $125 per visit. I may request a superbill for submission to my out-of-network plan. Reimbursement is not guaranteed.

If I fail to provide accurate primary insurance information at the time of service, I understand that I may be responsible for the full visit fee. Retroactive claim submission is not guaranteed.

Explanation of Benefits (EOB)

Due to the wide variety of insurance plans, coverage levels, and processing rules, providers may bill amounts that differ from posted self-pay rates.

I may receive an Explanation of Benefits (EOB) from my insurance company showing amounts billed and processed by Serenity Wellness Services, LLC.

I understand:

- An EOB is not a bill.
- Insurance companies do not bill on behalf of Serenity Wellness Services, LLC.
- Any patient responsibility amount will be invoiced separately by Serenity Wellness Services, LLC.
- The amount invoiced will not exceed the patient responsibility determined by my insurance carrier.

Cost-sharing amounts (copay, coinsurance, deductible) are determined by my insurance contract and cannot be adjusted based on posted self-pay rates.

Secondary vs. Primary Insurance Policies

If the insurance information I provide is actually secondary rather than primary coverage, I understand that I may be responsible for the full visit fee.

Failure to provide accurate primary insurance information at the time of service may result in full patient responsibility.

Home Visit Fees

All home visits include a home visit fee, regardless of location.

This fee is not eligible for insurance reimbursement.

The home visit fee will be charged to the card on file at the time of booking.

Additional Fees

My initial visit includes two weeks of follow-up support via secure messaging, email, or text.

Continued support beyond two weeks is available for $25 per week. These fees are elective and not eligible for insurance reimbursement.

Any fees for supplies obtained during my visit are not eligible for insurance reimbursement.

Permissions

Serenity Wellness Services, LLC may communicate with my insurance company regarding services provided to me and/or my baby.

Serenity Wellness Services, LLC may communicate with my credit card company or bank regarding payment-related matters.

It is my responsibility to provide accurate and current payment and insurance information. I agree to update my credit card information as needed and accept responsibility for any fees resulting from failure to maintain valid payment information.

These policies apply to Serenity Wellness Services, LLC and its representatives.

Client Signature	Date