

## **NOTICE TO ALL PATIENTS WITH AFFORDABLE CARE ACT (ACA) PLANS**

DUE TO THE COMPLEXITIES AND COSTS ASSOCIATED WITH ACA PLANS, IT IS THE POLICY OF SOUTHEASTERN LUNG CARE FOR ALL PATIENTS WITH ACA PLANS, WHETHER PURCHASED THROUGH THE FEDERAL EXCHANGE OR DIRECTLY FROM THE INSURANCE CARRIER, THAT YOU PROVIDE PROOF OF ACTIVE COVERAGE AND THAT YOUR CURRENT PREMIUMS ARE PAID PRIOR TO BEING SEEN FOR **EACH** VISIT TO OUR OFFICE. FAILURE TO PROVIDE THESE ITEMS MAY RESULT IN YOUR APPOINTMENT BEING CANCELLED OR RESCHEDULED.

PROOF OF ACTIVE COVERAGE AND CURRENT PREMIUM PAYMENT COULD INCLUDE:

- RECEIPT SHOWING PREMIUM PAYMENT TO INSURANCE CARRIER FOR MONTH BEING SEEN. THIS RECEIPT MUST INCLUDE YOUR NAME AND/OR POLICY NUMBER.
- EMAIL CONFIRMING PREMIUM PAYMENT RECEIVED BY THE INSURANCE CARRIER FOR MONTH BEING SEEN. THE EMAIL MUST INCLUDE YOUR NAME AND/OR POLICY NUMBER.
- COPY OF YOUR BANK STATEMENT (OR ONLINE PRINTOUT) SHOWING THE AUTO DEBIT FROM YOUR ACCOUNT (MUST HAVE YOUR NAME ON IT). YOU CAN WHITE OUT ACCOUNT NUMBER AND OTHER TRANSACTION INFORMATION.
- **NOTE:** A COPY OF YOUR BILL/STATEMENT IS NOT ACCEPTABLE, WE MUST CONFIRM THE ACTUAL PREMIUM PAYMENT HAS BEEN PAID AND ACCEPTED

IN THE EVENT THAT YOUR PREMIUMS ARE 100% SUBSIDIZED (MEANING YOU DO NOT PAY ANYTHING OUT OF POCKET FOR YOUR INSURANCE PREMIUMS), YOU MUST BRING WRITTEN DOCUMENTATION CONFIRMING THIS INFORMATION PRIOR TO BEING SEEN.

IF YOUR ACA PLAN IS PROVIDED THROUGH AN EMPLOYER, YOU DO NOT NEED TO PROVIDE PROOF OF PREMIUM PAYMENT. THIS INFORMATION WILL BE PROVIDED TO US WHEN WE VERIFY YOUR COVERAGE.