



Answering the questions:  
How much will this  
test cost?  
Will it be covered by  
insurance?

An Advanced Explanation  
of Benefits Tool

**Why is this important? No Surprises Act\*:** A laboratory has within 72 hours of delivering its service to inform the patient of their out-of-pocket cost based on their health plan coverage.

\*effective 01/01/2022

CMT has the ability to integrate solutions and platforms giving laboratories and physicians a total access tool that understands a patient's insurance benefits, out-of-pocket cost, and health plan policy.



### Insurance Benefits

Verified real-time patient insurance eligibility



### Out-of-pocket-cost

Calculated patient financial responsibility based on copay, deductible, and coinsurance percentage



### Health Plan Policy

View the current medical policy to determine the plan coverage of testing

## Features Include

- ✓ Patients' financial responsibility for the test
- ✓ Patients' insurance eligibility and benefits
- ✓ Prior authorization requirement
- ✓ Genetic counseling requirement
- ✓ Healthplan's coverage and medical policy of the diagnostic test
- ✓ All in a single platform

CALL US TODAY!

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