



in association with VZP for Foreigners

Confirmed Guarantee of Payment for Outpatient Services

Date: **Patient Name:**
Patient DOB: **Case Number:**
Policy Number: **Guarantee Valid Through:**

AccessHMO or an authorized affiliate, hereby guarantees the payment of usual, reasonable, and customary charges for medically necessary physician services, hospital services, and/or other services as detailed below. If additional medically necessary treatment not specific within the Description of Service is required, a separate Guarantee of Payment must be requested and issued. AccessHMO will only pay for treatment consistent with evidence-based principals of medical practice.

Date of Service:
Provider/Facility Name:
Description of Service:

Outpatient Consultation Converage: AccessHMO will pay 100% of the balance fees for usual, reasonable and customary medical care provided in this case.
(Physician Fees)
Diagnostic Testing Coverage: Outpatient Diagnostic Testing/Lab work is subject to the Terms and Conditions of Patient’s Plan.
(Labs, MRI, Colonoscopy, etc.)
Outpatient Prescription Coverage: Outpatient prescription medication are subject to the Terms and Conditions of Patient’s Plan. Medication that do not require a physician’s prescription are not covered.

Forward hospital or physician Invoices within ninety (90) days of discharge or treatment to:

AccessHMO
2885 Sanford Avenue Polská 44
SW Dept. 27044 STE 5A
Grandville, MI 49418 120 00 Prague
USA Czech Republic

Provide These Items with Invoice

- Copy of AccessHMO Guarantee of Payment
- Amount paid by the patient for this service and/or procedure
- Diagnosis or nature of accident and/or illness
- Facility bank wire instructions for payment

Payment shall be made by AccessHMO within twenty (20) days of receipt of the complete and legible invoice(s) and any other necessary information which AccessHMO may reasonably request. Payment is based on eligibility at the time of service.

Thank you,
AccessHMO Medical Director and
Authorized Affiliate

