AMERIMED SOP
3.22.3 - Amerimed Wellness-Appointment Request Processing Guidelines
New 09/2024

OVERVIEW

Amerimed offers associates easy access to quality medical care. Provided by Amerimed Mobile Integrated Healthcare (MIH), services include telehealth-based management of chronic health conditions and non-emergency treatment of acute illnesses. Services are available only in participating markets. (See SOP 1.2.1)

The purpose of this policy is to provide MIH coordinators and providers clear insurance/payor criteria to determine which associates which may be placed on the MIH provider's schedule to receive clinical services.

SECTION A

Coordinators will process Amerimed Wellness appointment requests with the following insurance eligibility requirements:

- Associates (or covered adult dependents) will have insurance eligibility verified by MIH coordinators and/or billing specialists.
- Associates (or adult dependents) not covered under a participating in-network insurance plan are not eligible for services under this program.
- Any associate without insurance or an out of network insurance who desires a hardship review may submit the request in writing to the MIH administration. The situation will be reviewed by Amerimed OCE for approval/denial.

SECTION B

Medical care shall not be rendered by Amerimed MIH providers to associates that have not had insurance eligibility verified or have had hardship approval from OCE.

- Medical Care includes the provider representing their evaluation and treatment as being provided as part of their role with Amerimed, entry of medical documentation in Amerimed' s EMR, and/or utilizing Amerimed' s EMR to generate prescriptions.