



ING Employee Benefits Selects Hygeia as A Preferred Vendor



EMPLOYEE BENEFITS

Hygeia Corporation is proud to announce that ING Employee Benefits has selected the Hygeia Claim Arbitration Service as a preferred out-of-network claim negotiator.

“We made the decision to work with Hygeia due to their strong savings results on arbitrations, and the fact that the discounts are obtained in a managed care compliant manner, and are therefore secured from reversal,” said Linda Beckman RN, CCM, CLNC, Excess Risk Medical Care Manager, ING Employee Benefits.

For 80 years, ING Employee Benefits has provided traditional group insurance benefits, voluntary insurance products and retirement planning services. ING Employee Benefits is a wholly owned subsidiary of ING Groep N.V., one of the world's largest financial services companies, offering banking, insurance and asset management in over 50 countries.

Hygeia Introduces Upgraded Claim Processing Statements

As a health service intermediary, Hygeia works to facilitate smooth and efficient transactions between both client segments - healthcare payers and healthcare providers. We continuously seek feedback from our clients. This guides our improvements in the way we deliver information in order to enhance efficiencies in our clients' business processes.

“The new statements include more detailed information about each claim and the required provider reimbursements,” explains Pina De Santis, Director of Client Services. “The improved information will help both our Payer and Provider clients prevent errors in their internal claim administration and payment reconciliation processes.

The upgraded statements include a Hygeia Statement (for PPO Network, Arbitration Services, and Non-Network bills), an Explanation of Reimbursement and a Hygeia invoice. The new statements will be introduced next month.

| Reimbursement Summary (USD) | | | |
|--|----|----------|-----------------|
| Total Billed Charges | | \$ | XXXX USD |
| Less PPO Adjustment | | \$ | XXXX USD |
| Less Other Payment Considerations | | | |
| Previous Payment | \$ | XXXX | |
| Deductible | \$ | XXXX | |
| Co-Insurance | \$ | XXXX | |
| Third Party Liability | \$ | XXXX | |
| Total Other Payment Considerations | \$ | XXXX USD | |
| Reimbursement to Provider | | \$ | XXXX USD |