CLIENT RESPONSIBILITIES

To ensure timely, accurate, and effective appeal services, clients agree to the following responsibilities when working with ClearPath Appeals.

1. Provide Complete & Accurate Information

Clients are responsible for submitting all required information related to the denied claim, including but not limited to:

• Explanation of Benefits (EOB) or denial notices

• Patient demographics and insurance details

• Claim numbers, dates of service, and billed amounts

• Relevant medical records and clinical documentation

All information provided must be accurate, complete, and truthful.

2. Submit Documentation Promptly

Appeals are time-sensitive. Clients must submit requested documents within the specified timeframe to avoid missed deadlines, delays, or appeal denials due to incomplete records.

3. Maintain HIPAA Compliance & Authorization

Clients must complete and sign all required authorization forms allowing ClearPath Appeals to review records and submit appeals on their behalf. Clients are responsible for ensuring they have proper consent from the patient or legal representative.

4. Respond to Requests for Clarification

If additional information, corrections, or clarification is needed, clients agree to respond promptly to prevent interruptions in the appeals process.

5. Make Timely Payments

Clients are responsible for paying all agreed-upon fees according to the selected service package. Work may be paused if payment obligations are not met.

6. Communicate Changes Immediately

Clients must notify ClearPath Appeals of any updates that may affect an appeal, including:

• Claim resubmissions or payer responses

• Insurance policy changes

• Payments received directly from the payer

• Relevant medical records and clinical documentation

7. Acknowledge Appeal Outcomes

Clients understand that appeal outcomes are ultimately determined by the payer. While ClearPath Appeals provides professional and strategic appeal support, approval is not guaranteed.