

## **TITLE: CREDIT AND COLLECTION POLICIES**

Henry County Health Center is committed to providing quality health care and service equally to all patients. In order to continue in this mission, it is essential that payment be received for services rendered. The following guidelines must be understood and followed by all members of Patient Financial Services (PFS) and every level of hospital staff. A clear and consistent message must be delivered to each patient in accordance with compliance guidelines.

### **EMERGENCY ADMISSION**

**ALL EMERGENCY PATIENTS WILL BE TREATED AND/OR ADMITTED TO HENRY COUNTY HEALTH CENTER, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES RENDERED.**

### **SELF-PAY ACCOUNTS**

An account becomes “self-pay” once all third party payer efforts have become exhausted, or for patients who either do not have insurance or are not covered for a service received under their existing policy. As a courtesy to patients and their families, HCHC will submit hospital claims to the respective carrier once correct insurance information is provided by the patient or designee.

It is the patient’s responsibility to provide the hospital with proper insurance information such as policy number, copy of the card, effective date, submission address, etc.

If complete insurance is not provided at the time of service, the account will be processed as “self-pay”, and the patient and/or guarantor will receive monthly statements.

If the patient receives services as a result of accident or injury, HCHC will submit charges to the appropriate payer, once correct billing information is received. In general, a claim will be submitted to the patient’s health insurance as primary and if necessary, will submit a second claim to the third party. In situations in which litigation is pending or results, payment may be requested from the patient, according to established guidelines, until the case is resolved.

An anticipated insurance payment does not replace the patient’s obligation to pay any outstanding balance. HCHC will make every effort to bill the insurance company, if possible, but the responsibility of payment is ultimately the patient’s. Should the third party payer not pay within a reasonable length of time, (approximately 45-60 days) the patient may receive a statement and be considered the “guarantor” or responsible party for the total amount due. Any issues on non-payment must be resolved by the patient and insurance

company involved. We will, upon request, provide any additional information necessary for claims processing.

**HCHC reserves the right to determine the acceptability of the third party coverage such as private daily indemnity insurance or non-assignable private health insurance plans. HCHC will provide necessary information to the patient for billing purposes, upon request.**

## DISCOUNTS

A 20% discount is offered to patients who are not eligible or covered by any type of insurance. This is applicable at time of scheduling or at the time of service. Once a statement is generated, the discount shall also be offered if paid in full within 28 days of the statement generation.

A 10% discount is offered for patient responsibility balances after insurance has processed and or paid their portion. A statement will be mailed to the guarantor listed on the account indicating patient responsibility. Again, the discount is available if the balance due is paid in full within 28 days of the statement generation.

Additional discounts do not apply with the HCHC bank loan program.

## PRE-REGISTRATION ACCOUNTS

Should a patient not have any type of insurance coverage, (private pay), 50% of the estimated cost of the elective, scheduled service may be requested prior to receiving the service. Monthly payments will be required thereafter until paid in full. Schedule of monthly payment guidelines are as listed below. If these guidelines cannot be met, the patient would be required to apply for any Medicaid programs which they may be eligible for. If denied, application for the HCHC bank loan program is an option or financial assistance as outlined in The Financial Assistance Program Guidelines.

Once insurance eligibility and out of pocket expenses have been determined for non-emergent inpatient/outpatient services, a representative from Patient Access will provide an estimate for each elective, scheduled service. Request will be made for payment of the expected out of pocket expense prior to receiving services. A minimum of 50% of this amount may be requested at this time unless documented circumstances are reviewed and approved by management.

## PATIENT LIABILITY

Accounts will be referred to Med Pay Management for handling of patient responsibility balances. Med Pay Management serves as an extension of HCHC's Patient Financial Services department and is not considered a collection agency.

Account balances that cannot be paid in full will be processed according to guidelines established by Henry County Health Center:

Under \$50 paid in full  
\$51-499 \$50 per month  
\$500-\$99 \$100 per month  
\$1000-\$1500 1/12 of the balance per month  
Over \$1500-secure bank loan (explained below)

HCHC recognizes that payment plans may be necessary in certain situations. Once the patient responsibility balance has been referred to Med pay Management, they have the capability of answering questions, updating demographics and making phone calls to account guarantors as well as providing statements. They also assist in setting up an appropriate payment plan or offer information for the application process for obtaining a bank loan for medical expenses.

HCHC has partnered with Union Bank and Trust, which offers a bank loan with affordable monthly payments at a competitive rate. Financing options are available by completing an application which will be mailed upon request by Med pay Management.

HCHC will honor MasterCard, Visa, Discover or American Express for the payment of accounts. These payments will be accepted either by phone, in person, online or by mail.

Patients who cannot meet payment expectations may be offered application to the HCHC Financial Assistance Program. Please refer to HCHC Financial Assistance policy for specifics.

## **COLLECTION/BILLING PROCEDURES**

Once an account reaches the “self-pay” status, a statement will be generated to the guarantor of the account. It is the patient’s responsibility to contact Patient Financial Services Department at the telephone number listed on the statement with questions, concerns or updated demographic information.

Accounts will be referred directly to a collection agency for collection purposes in the following situations:

- The patient refuses to set up an agreeable monthly contract according to payment guidelines, and/or refuses to make an attempt to work with Patient Financial Services in doing so.
- A monthly contract is delinquent by two payments and no telephone contact has been made on the patient’s behalf.

- HCHC receives returned mail and/or statements with no forwarding address or telephone number made available, and all efforts of locating updated address or phone number have been exhausted.

### **PRIOR AUTHORIZATIONS**

The majority of insurance carriers now require authorization prior to receiving treatment for both inpatient and outpatient services. It is the responsibility of the patient to notify his or her physician of any prior authorization requirements prior to receiving any outpatient services. It is also helpful to provide this information at the time of Registration. Every effort to pre-certify inpatient hospitalizations will be completed by HCHC, provided correct insurance information is made available upon admission. While HCHC will assist you, failure to meet your insurance requirements may result in partial or complete denial of insurance benefits and the balance will default to patient responsibility.

### **ITEMIZED STATEMENTS**

Provided upon request. Should the patient be covered under any type of Medicaid program, request by attorney must be formally made or permission granted by Department of Human Services caseworker to release the itemized statement to the patient. (DHS Mandated)

### **MISCELLANEOUS**

If a credit balance results due to overpayment on an account, the credit may be transferred to other accounts which show a patient responsibility balance for the patient or guarantor.

01/01/16