



POLICY: BILLING & COLLECTION

PURPOSE: Clara Barton Hospital provides quality healthcare regardless of a person's ability to pay; however, individuals have an obligation to pay for the services they receive or seek financial assistance when needed. It is the duty of hospitals to collect from those who have the ability and the resources to pay using ethical collection practices that are allowed under Kansas and Federal laws. Financial assistance programs offered by the hospital should not lessen the need to find solutions to expand access to appropriate health care coverage for all persons.

Procedure:

All patients will supply the hospital with certain personal, medical, financial and other information at the time of admission or at the time of service in order to take care of all of their needs.

All patients at the time of admissions will receive a Financial Assistance Plain Language Summary explaining Clara Barton Hospital and Clinics Financial Assistance Policy

Patients must always show their insurance card(s) at the time of admission or at time of service. The patient account representative or admission clerk will verify insurance coverage for the services provided.

For Emergency Room patients the health insurance will be gathered after the patient has been treated and in stable condition. All patients will be treated when presenting to the Emergency Room regardless of their inability to pay.

For All Inpatients: Upon admission, the patient will be asked for insurance information and if self pay will be contacted by the Financial Counselor to make financial arrangements based on financial need and payment schedule under the policy below.

For patients with current insurance coverage, the hospital will submit the claim on patient's behalf provided that the Hospital has received all the necessary information from the patient. Any deductibles, co-insurance or spend-downs not covered by insurance will be due within thirty (30) days from the first Self Pay statement date. Patients with insurance are requested to assign benefits to the Hospital unless they have paid their account in full. If benefits are not assigned to the Hospital, the patient will be asked to make payment in full or make payment arrangements within thirty (30) days from the first Self Pay statement date.

Self pay collections:

1. All patients will receive a minimum of 4 statements and 3 collection letters which includes the final collection letter giving the patient a 30 day notice. Once the payment cycle has met 90 days and no payment arrangements have been made, the patient will be sent a 30 day collection notice and will also receive the Financial Assistance Plain Language Summary. Phone calls are also made to the patient asking them to make payment arrangements. If no payment is made, the account will be sent to external collections. The 30 day notice states that the collection activities may include accurately reporting adverse information to consumer credit reporting agencies or credit bureaus and /or a civil action being filed.
2. At 45 days if there is not a payment plan established, a financial assistance brochure is sent to the patient.
3. The entire collection cycle is 120 days from when the account balance became self pay before the account is turned to external bad debt collections.
4. The patient has 240 days from the self pay statement date to complete a financial assistance application. The patient may also reapply for financial assistance during the 240 day time frame if their financial situation has changed. Once the patient applies for financial assistance all collection processes will cease during the application process and review. If any Extraordinary Collection Actions (ECA) have taken place they will be reversed. The Financial Assistance Policy and Application can be obtained from multiple locations within Clara Barton Hospital in both English and Spanish and also on the website at www.clarabartonhospital.com.
5. Once a payment plan has been set the account may be turned to an external agency to manage the payment plan. Payment plans that extend more than 120 days are general turned to an external agency to manage. If the payment plan agreement is broken and no contact is made to discuss the payment situation then the patient account will be forwarded onto bad debt collections.
6. Self Pay Discounts. Patient that are considered to be uninsured, with no health insurance and with the ability to pay may receive a 30% discount if payment is made within the first 30 days after the discharge date. Please see the Guidelines for Self-Pay Discount Policy.
7. A copy of the Billing and Collection Policy is available in both English and Spanish and can be obtained at the front admissions area of Clara Barton Hospital and can also be found on the website at www.clarabartonhospital.com.
8. The Billing and Collection Policy is reviewed annually by the Clara Barton Hospital Board.

Concerning patient's payment responsibility, the following apply:

1. The Hospital requires a monthly payment based on chart below.
2. Payment is to begin within thirty (30) days from the first self-pay statement date or when Payment plan arrangements are made.
3. If the patient or any member of the responsible party or guarantor's family is currently paying on an account and has need of continued hospital services, the monthly payment must be adjusted appropriately to reflect the new balance due.
4. All patient accounts for which payment has not been received or arrangements made within 120 days from the self pay statement date will be considered delinquent and may be turned over to an collection agency.
5. The Hospital retains the right to refer the patient's delinquent account to a professional collection agency for legal enforcement of payment in full when the patient has not made any type of payment arrangements or contact with the hospital for payment and account has met the full collection cycle of 120 days.
6. The hospital retains the right to turn the patient account to bad debt when the payment arrangements do not meet the guidelines below for payment.

Payment Schedule:

| <u>Account Balance</u> | | | <u>Minimum Payment (Depending on Balance)</u> |
|------------------------|---|-----------|---|
| 0.01 | - | \$25.00 | Full Amount |
| \$25.01 | - | \$600.00 | \$25 |
| \$601.00 | - | \$1200.00 | \$25-50 |
| \$1201.00 | - | \$1800.00 | \$50-\$75 |
| \$1801.00 | - | \$2400.00 | \$75-\$100 |

Balances over \$2400.00 to be paid within 24 months or at the discretion of the Financial Counselor.

Clara Barton Hospital reserves the right to treat each patient account as an individual based on patient's ability to pay.

NAME:

DATE:

NAME:

DATE: