

Title: Service Rendering Policy- Inpatient, Residential, Partial & Intensive Outpatient

Department: Patient Accounting

Date Created 6/12/2007

Created By: Self pay Blue Print Committee

Date Last Reviewed

Approval: President and CEO

Date of Current

POLICY:

To establish how payment for any self pay portion will be made by a patient when they come into the hospital for inpatient, residential, partial or intensive outpatient care.

PROCEDURE:

1) Emergent Care – Inpatient Only

- a) When a patient seeks admission and is a threat to themselves or others, and has no payment, EMTALA guidelines (attached) will be followed. Patient will be provided treatment until stabilized. Patient Accounting will speak with Director of Admission and Utilization Management and Clinical team regarding the patient's treatment plan. When patient has been stabilized, the following will occur.
 - i) We will ask for a 3-day deposit at our self pay discount rate.
 - (1) Patient will be asked for payment in full by credit card, money order or cashiers check. If the patient does not have this available, then go to next step.
 - (2) Patient will be offered our electronic withdrawal payment plan from checking, savings or credit card account. If patient does not have a checking, savings or credit card account, then go to next step.
 - (3) Evaluation of whether patient qualifies for alternative funding. If alternative funding not available for patient, then go to next step.
 - (4) Patient will complete the Evaluation of Ability to Pay Application. This will be reviewed with the CEO for disposition.

2) Non-Emergent Care – Residential, Partial and Intensive Outpatient

a) New Patients:

- i) When a new patient seeks services for non-emergent care, but does not have their applicable co-pay, co-insurance deposit, or self-pay inclusive amount, the following will occur.
 - (1) Patient will be offered our electronic withdrawal payment plan from checking, savings or credit card account. If patient does not have a checking, savings or credit card account, then go to next step.
 - (2) Evaluation of whether patient qualifies for alternative funding. If alternative funding not available for patient, then go to next step.
 - (3) Patient will be offered the opportunity to reschedule the appointment at a time when they can bring payment. If patient feels that that is not possible, then go to next step.
 - (4) Patient will be referred to another facility for services.

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b) Existing Patient:

i) Existing patients with no prior account balance, and who do not have their co-pay, co-insurance, deductible or self pay inclusive payment for the present day's services, will be expected to abide by the following:

- (1) Patient who is self pay inclusive will be seen once without payment. Patient will be required at next visit to bring the missed payment and payment for current visit.
- (2) Patient who does not have their co-pay, co-insurance or deductible payment will held to the outpatient "three-strikes" policy (s:\Policies and Procedures\Finance\Outpatient Selfpay Collections Policy.pdf).

ii) Existing patients with a prior account balance, will be expected to abide by the following:

- (1) Existing patients with an account balance up to \$200 will be expected to pay the balance in full PLUS the co-pay or self pay payment for that day's services at the time of the visit.
- (2) Existing patients with an account balance over \$200 will be expected to pay \$200 or 30% of there balance, which ever is higher PLUS their co-pay or self pay payment for that day's services at the time of the visit AND make payment plan arrangements for the remaining account balance.
- (3) Existing patients whose account has previously been sent to collections must have it verified by the Fiscal Case Specialist as to whether there balance is paid or if payment arrangements have been made and are current prior to being scheduled for an appointment.

 DSW, MPH

Robert E. Simpson, Jr., DSW, MPH,
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