

ELLENVILLE REGIONAL HOSPITAL

TITLE: CREDIT AND COLLECTIONS	Page 1 of 2
DEPARTMENT: PATIENT FINANCIAL SERVICES	
APPROVED BY: Bob Rue, CFO	EFFECTIVE: 1/14
REVIEWED: 7/14, 9/15, 7/16, 7/19, 7/20, 7/22	REVISED: 7/17, 7/18

STATEMENT & PURPOSE:

To define an efficient process to handle self pay balances, for both uninsured and insured patients.

POLICY:

All patient accounts will be referred to the Collection Coordinator and subsequently to the outside collection agencies in a timely and consistent manner.

SELF PAY ACCOUNTS

PROCEDURE:

1. All patients are registered prior to treatment. Emergency Department patients are asked to pay after treatment. No patient is refused treatment or services if unable to pay in an emergency situation. Non-emergency, Radiology Services, Laboratory, and Physical Therapy patients are asked to pay prior to service, or make payment arrangements.
2. Uninsured patients will automatically receive a 25% discount off the total charges on their bill.
3. Between the first and the tenth day after service, the first bill is issued. All subsequent bills are sent every thirty five (35) days with a minimum of three (3) statements .
4. The Collection Coordinator or Patient Representative will attempt to resolve accounts that return with bad address information using the available tools and information that (contact by phone, third-party tools, etc). The maximum attempt will be three (3) times without any resolution.
5. Accounts with payment arrangements will be placed on a cycle of monthly payments, based on the agreed amount per month. Accounts will not go to bad debt during this cycle, unless patient defaults in payment after two (2) consecutive months with no contact to the Finance Department.
6. After accounts are deemed bad debt, they are forwarded to the third party collection agency with all pertinent account information, including a history of previous collection efforts made by the Hospital.
7. Accounts for deceased patients will be forwarded to the collection agency after a proof of Death Certificate is presented to the Collection Coordinator. Patient responsibility balances will be treated like all other accounts.
8. Forwarded accounts without activity for 120 days will be written off as bad debt uncollectible; unless communicated otherwise from the collection agency.

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THIRD PARTY ACCOUNTS

PURPOSE:

To expedite payment from third party insurance carriers and ensure a consistent collections process.

PROCEDURE:

1. Between the fifth and the tenth day after discharge of services, all insurance carriers are billed with the exception of accounts that are delayed due to receipt of medical record data.

Account follow up is initiated within forty-five (45) days of the claim bill date. Necessary follow-up may be initiated earlier to ensure correct payment and processing of patient claim.
2. Worker's Compensation and No-Fault accounts are forwarded to external company for billing and processing. Internal communication and follow up is done by billing follow up representative and payment reports are distributed to the appropriate parties. These accounts are not referred to the patient unless a denial is received. The patient will then be responsible for any balances that are declared patient responsibility from their insurance company.
3. After Third party responsibility payments are posted to the appropriate patient accounts, the patient will receive a series of patient responsibility statements.
4. All subsequent bills are sent every forty-five (45) days with a minimum of three (3) bills, including two (2) statements and one (1) pre-collection letter. The statement cycle will total 120 days after payment is received and posted to the patient's account
5. If accounts Default the 120 cycle, they are forwarded to a pre-bad debt status and reviewed by the collections coordinator for further action.