

<b>Pushmataha Hospital BUSINESS OFFICE</b>	<b>Subject: COLLECTIONS - UPFRONT Policy Number: Page: 1 of 2</b>
<b>Approved by:</b>	<b>Generated by: Donna Millsap</b>
<b>Approved by:</b>	<b>Effective date: 09/01/2016</b>
<b>Approved by:</b>	<b>Revised date: 03/13/2019</b>
	<b>Review date:</b>

**Purpose:**

To provide medical services regardless of the patient’s ability to pay if deemed medically necessary by medical staff as well as ensure Pushmataha Hospital’s financial stability.

**Policy:**

An estimate will be generated at the time of treatment or prior to services being rendered. In most cases, payment in full is required when treatment is rendered. As a courtesy to the patient, Pushmataha Hospital will bill the insurance company. The co-payment, coinsurance and deductible are included in the estimate. Patients will be sent an itemized statement at the time of billing the insurance claim stating that in the event insurance does not pay the account will be deemed to be the patient’s responsibility and the balance will be due in full. Pushmataha Hospital will not engage in any extraordinary collection actions (ECA’s) as defined in Final Regulations 1.501(r)-6(b), to collect any outstanding debt against an individual for care provided at the facility, before making reasonable efforts to determine whether the individual is eligible for assistance for care under its financial assistance policy (FAP).

**Procedure:**

1. **MEDICARE**- “Part A” covers all inpatient Hospital visits; “Part B” covers all Outpatient visits and Physician services.
  - a. Patients will need to present their Medicare Card at time of admission. If the patient does not have the corresponding coverage for the visit then the account will be considered uninsured and payment is due at the time of service, unless another insurance is in effect that will cover the services rendered.
  - b. Any remaining balance after the insurance has been billed will be considered the patient’s responsibility and due in full
  - c. Special arrangements can be made for patients who financially cannot pay provided the patient has no bad debt balances with the facility.
2. **MEDICAID**-
  - a. The eligibility for this insurance and service will be determined upon registration. If the member is not eligible for the services then the account will be considered uninsured and payment is due at the time of service, unless other insurance is in effect that will cover the services rendered.
  - b. Any remaining balance after the insurance has been billed will be considered the patient’s responsibility and due in full.
  - c. Special arrangements can be made for patients who financially cannot pay provided the patient has no bad debt balances with the facility.
3. **COMMERCIAL**-
  - a. Upon registration, the card/cards will be copied and eligibility will be verified. If the member is not eligible for the coverage then the account will be considered uninsured and payment is due at the time of service. If the member is considered eligible at the time of service, the patient is required to pay any deductible, copayment, or coinsurance at the

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time services are rendered or prior to service.

- b. Any remaining balance after the insurance has been billed will be considered patient responsibility.
  - c. Special arrangements can be made for patients who financially cannot pay in full provided the patient has no bad debt balances with the facility.
4. **PRIVATE PAY-**
- a. A minimum payment (determined by the services rendered is required upon registration and/or discharge. The patient will sign a payment agreement for the remaining account balance
  - b. If the patient chooses to pay the balance **in full** at the time of service, the hospital will offer a **50%** discount.
  - c. A 20% discount will be applied when patients set up a payment plan for their balance.
  - d. Failure to pay debts owed after 120 days will go to collections

**Reference(s):**

**Attachment(s):**