

GOVE COUNTY MEDICAL CENTER

BUSINESS OFFICE POLICY AND PROCEDURE

SUBJECT: CREDIT AND COLLECTION

POLICY NO.: 10-301

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ISSUED: 11/30/16; 4/18;

REVISED: 5/22/18

PURPOSE:

To provide guidelines for billing and collection activity to maintain a sound financial position, thus affording the hospital necessary resources to maintain the best health care services possible.

PROCEDURE:

Registration:

- Patient registration will obtain all necessary information which will be pertinent to the collectability of the account. The information collected should be pertinent to the internal and external collection capability and include all the data required to report. Pre-registering will be done whenever possible.

Inpatient Services:

- Patients admitted to GCMC for inpatient services should contact their insurance company for any pre-authorization requirements. This notification is ultimately the responsibility of the patient, although GCMC staff will contact the patient's insurance upon the next regular working day per our documentation requirements.

Outpatient/Emergency Services:

1. Patient insurance will be billed for outpatient/emergency services if the information is provided at time of service. If services provided require a pre-authorization, GCMC will contact the patient's insurance for a pre-authorization with the test and diagnosis provided by the ordering physician, but it is ultimately the responsibility of the patient to notify their insurance company of the ordered test(s).
2. If pre-authorization is not done, any increases beyond the deductible/coinsurance from the insurance carrier will be the patient's responsibility depending on the specifics with contracting providers. Any remaining balance from the outpatient service is due based on the payment schedule.
3. Services which are determined to be a "non-covered" service by the patient's insurance policy are the responsibility of the patient and any balance is due based on the payment schedule.

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Insurance:

1. All services rendered are the responsibility of the patient regardless of insurance coverage. The filing of claims with the insurance company does not relieve the patient of his or her obligation.
2. Patients must provide proof of insurance coverage and present their current insurance cards at time of service when registering or pre-registering. Patients with insurance are requested to assign benefits to the hospital upon registering. This is done when signing the consent form. If the current, active policy is not provided at time of service, the patient will be responsible for the total charges of the service provided. The hospital will bill all insurance companies in a timely manner. All insurance claims become the patient's responsibility if unpaid after 60 days of filing the insurance claim. All balances not covered by insurance are due based on the payment schedule.
3. All insured patients whose deductible/co-insurance is higher than the amount they can afford to pay may be eligible for financial assistance. Applications are available upon request but must be completed within 90 days of the first statement received. After eligibility is determined, any remaining balance is due based on the payment schedule.

Non-Insured Patients:

- If payment in full cannot be made at the time of service, arrangements must be made with the Business office. Any charges incurred by patients without insurance coverage will be due based on the payment schedule. These patients are eligible to apply for financial assistance and applications are available upon request.

Accident/Auto/Work Compensation:

1. Most health insurance companies exclude primary payment for any claims related to an auto accident, worker's compensation or any liability related claim. If the services provided are related to an injury, the patient is required to inform the GCMC registration staff of accident information. This includes the type of accident (MVA, work comp, etc.), the date the injury happened, where it occurred and description of injury. Patients will need to provide addresses and contact information for their liability coverage

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2. To file the liability claim, the patient will need to provide address and contact information of whom the claim is to be submitted to. All liability claims become the patient's responsibility if unpaid after 60 days of filing the insurance claim.

Up-Front Collections:

1. Information regarding the service(s) and patient's insurance information will be compiled to complete an estimation of current deductible and/or co-pay balance.
2. The patient will be notified as much in advance as allowed of the expected amount owed on or before the date services are performed.
3. Payment may be made by ACH, check, credit card, or by going directly to our website www.govecountymedicalcenter.org and making a payment.
4. Any balance not collected prior to service will be subject to the Payment Schedule for Accounts as per this policy.

Statements:

1. The first statement is mailed within 30 days of the final insurance payment converting the account to a private pay basis. Payment in full will be requested within 30 days of receipt of statement. If the account is not paid in full, any remaining balance is due based on the payment schedule.
2. A second statement of non-payment will include a "Past Due – Second Request" notice. An automatic payment (ACH) form will be sent with this statement.
3. A third statement without payment will be considered a "Final Notice" statement and will be scheduled for submission to a collection agency or another source of collection.
4. Accounts returned with "undeliverable" addresses and our inability to contact by phone will be automatically considered for a collection process.
5. Copies of the Credit and Collection Policy or our Financial Assistance form(s) are available upon request.

Payment Schedule for Accounts:

The following payment schedule is applicable to any account at Gove County Medical Center.

Account Balance	Balance Due	Monthly Payment
Under \$ 2,000.00	Monthly	To not exceed 1 year (12 months)
\$ 2,001.00 to \$ 5,000.00	Monthly	To not exceed 2 years (24 months)
\$ 5,001.00 to \$ 7,500.00	Monthly	To not exceed 3 years (36 months)
Over \$ 7,501.00	Monthly	To not exceed 4 years (48 months)

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6. A prompt pay discount of 15 % will be offered to all accounts over \$ 100.00 if paid in full within 2 weeks of the date of the first statement. The amount of the discount offered will be provided with your first statement. Cash, personal checks, VISA, DISCOVER, MASTERCARD or H.S.A. cards are accepted. Each visit to the hospital initiates a separate patient bill and financial obligation. Statements with balances will be combined, by guarantor, after the initial statement is sent but the prompt pay discount cannot be used once accounts are combined. Payment arrangements for any accounts will be made with the Business office. The account(s) are considered delinquent if not paid every 28 days. If a payment is missed, the account(s) will be considered for an outside agency for collection or sold for cash collection and subject to their terms.
 7. Under Kansas law, both parents are responsible for bills incurred by their minor children. If parents are divorced, we expect to be provided with complete information on all parties. Payment responsibilities remain with both parents despite which parent receives the statement(s). We retain the right to charge for extra copies of bills.

Automatic Payments (ACH):

1. We offer an automatic payment plan which allows us to make your payments for you. This option assures a payment is not missed and you determine the date and amount of your payment. A form is available upon request for this payment plan.
2. If the ACH payment is returned due to insufficient funds, we will attempt one additional time to collect the arranged amount. If that payment is returned insufficient, we will consider this account for outside collections.

