ROCK REGIONAL HOSPITAL	**MANUAL: Administrative, Patient Financial Services**	
	POLICY: Billing and Collection Policy	
	Policy Number:	Page 1 of 3
	Origination Date: January 1, 2020	
	Reviewed: 3/24/2020	Revised:
	References:	

I. PURPOSE

To outline the Billing and Collections Policy for Rock Regional Hospital (Hospital) patients, physicians, staff and the community.

II. POLICY

A. The Hospital will request from any patient scheduling or seeking treatment information regarding any health insurance they may have for the purpose of billing services on their behalf to the insurance carrier.

B. The Hospital will provide, without discrimination and in compliance with the Emergency Medical Treatment and Labor Act (EMTALA) care for emergency medical conditions to individuals regardless of their ability to pay or qualify for financial assistance under the RRH Financial Assistance Policy. The policy is available from the Business Office of the Hospital. The Hospital will not engage in any actions that discourage individuals in need from seeking emergency care, such as demanding payment before receiving treatment, requiring insurance for treatment, or in any way determining ability to pay prior to services.

C. For patients without insurance and seeking services other than Emergency Care, the Hospital will determine costs for services requested and prior to services being provided, estimate the patient responsibility for such services. The patient must pay at the time of services and may qualify for a self-pay/ prompt pay discount or enter into a payment plan to cover patient responsibility.

D. The Hospital will bill only for services rendered by the facility. No professional fees associated with physician, surgeon or ancillary services (Radiologist, Pathologists, Therapy providers, Anesthesiologists, etc.) will be billed by the facility and no collections will be made on their behalf.

E. Private and government health insurance will be billed provided we have received the information required by the payer. We will need:

- A copy of the current Insurance card
- A valid ID
- Subscriber Name, Date of Birth and Relationship to the patient

- Assignment of Benefits to the Hospital
- Confirmation that the insurance is in effect (eligibility) and applicable to the Hospital
- Any notifications, authorizations, pre-certifications required by the carrier

F. As routine practice, the Hospital collects co-pays, co-insurance, deductibles, past due balances and deposits at the time of service and upon discharge.

G. In the event a patient's insurance denies the healthcare claim, the hospital will investigate the denial and work with the payer to resolve the denial. If the denial is upheld and the financial responsibility is assigned to the patient, the Hospital will appropriately bill the patient. If the insurance requires action from the patient, they will be contacted and expected to comply with the request. If the Hospital encounters delays in the processing of a claim the Business office may reach out to the patient/subscriber for assistance

H. The Hospital accepts payment by cash, check, money order, debit card, flexible spending cards, HSA accounts, Visa, Mastercard, and Discover. The Hospital can also set patients up on payment plans which can be set up at the time of service, after the insurance has paid, and anytime during the collections process.

I. Financial Assistance is available under the Hospital Financial Assistance Policy. An application is required, and specific information related to personal and family finances must be provided. Applications are available from the facility. Details of the application process are available in the policy. During the application process for Financial Assistance, no outside collection activity will be initiated on outstanding balance. Failure to complete the application process within the required time frame releases the hold on collection activity.

J. In the event of an overpayment by the patient or guarantor. The credit balance will be analyzed for accuracy and if validated a refund will be processed. The Refund process may take 4-6 weeks.

K. Hospital Collections refers to the process of collecting from insurance, third party payers and individuals.

L. The Hospital does transfer unresolved accounts to an outside collection agency when the account remains open with no payment activity or response from the

insurance or patient for 120 days or the patient has entered into a payment agreement and failed to comply with the terms or missed 2 payments in the term with no communication with the billing office.

M. Claims as the result of a motor vehicle accident will be filed with your Motor Vehicle Insurance Carrier. Information regarding Carrier, policy number, effective date, and accident details must be communicated to the Hospital in order for a claim to be filed.

N. Claims as the result of a workers compensation accident will be filed with the appropriate Workers Comp carrier provided the hospital receives the information related to: Date of Injury, Employer Name, Carrier Name, address, contact number, injury, Adjusters name and contact information and any required authorizations.

O. Once all insurance has processed any balances assigned to patient responsibility will be billed directly to the patient or guarantor for payment. The Accounts Receivable department of the Business office will work the open accounts and reach out to patients/guarantors for payment and/or payment arrangements.

P. Claims for payment will be billed directly to the payers electronically or in a paper format in keeping with CMS billing guidelines and any specific payer requirements. Individuals will receive statements regarding balances due for patient responsibility