



POLICY and PROCEDURE

TITLE: Patient Payment Policy	
Number: 400-07	Author: Jon Smith
CEO: Ken Harman	
Facility: Memorial Hospital of Carbon County	

TITLE: *Patient Payment Policy*

I. Purpose/Expected Outcome: The purpose of this policy is to establish the expectations for both the staff and the patient of collecting copays, coinsurance, or a deposit toward services.

II. Policy: Memorial Hospital of Carbon County (MHCC) and its owned clinics will collect appropriate copayment, coinsurance, deductible, or a deposit toward services to be determined by the MHCC Business Office at the point-of-service.

Patients are to be advised of the amount needed when a visit is scheduled, or as much in advance of a scheduled visit as possible.

MHCC staff has the responsibility to ensure that payments made are processed timely and accurately, following established cash handling procedures.

The Clinic Manager, Department Manager, or Division Head has the overall responsibility for ensuring that payments collected at time of service are processed according to established procedures. They are also responsible for ensuring staff is communicating the payment required at the time the visit is scheduled.

III. Procedures:

Scheduling:

When scheduling a patient visit, all insurance information is to be obtained and confirmed by the Recertification Coordinator. Patient/Responsible Party is to be advised that payment for appropriate copayment, coinsurance, deductible, or deposit amount is to be paid prior to the time of registration for the services that are to be rendered. This applies whether the patient has insurance coverage or is self-pay.

A picture ID and proof of insurance is to be provided at the point of registration.

Point-of-Service:

When a patient presents for an appointment, all demographic and insurance information will be re-verified.

The appropriate copayment, coinsurance, deductible, or deposit amount is to be requested at the time of registration (clinic and hospital).

If the patient is not able to pay the required amount for the visit:

a. Non-emergent patients are to be rescheduled for a future date and advised that the amount required must be paid at the time of service to be seen.

b. Information regarding available financial assistance through MHCC is to be offered to the patient.

Insured-hospital:

All insured patients are eligible for a 25% prompt pay adjustment off patient responsibility (clinic services not included). MHCC may offer other adjustments.

Insured-clinic:

All insured clinic patients will be subject to their co-pay or co-insurance for clinic visits. MHCC may offer other adjustments.

Uninsured-hospital:

MHCC has agreed to further contribute toward the care of self-pay patients in the form of a monetary adjustment off the normal customary charges. Patients who present to MHCC as uninsured will qualify to receive a 25% adjustment off the customary charge. MHCC may offer other adjustments.

Uninsured-clinic:

Patients who present to MHCC clinics as uninsured will qualify for a 25% adjustment off the customary charge based on the level of care delivered. MHCC may offer other adjustments.

Payment Plans:

Reasonable payment arrangements can be made if necessary. Payment plans are at the discretion of the Chief Financial Officer, with no minimum plan of less than \$100 per month, and payment plans may not exceed 12 months. MHCC may accept random patient payments, but accepted payments do not constitute an accepted payment plan. Accepted payment plans must be approved using the Financial Agreement form (PFS-101). After 120 days, if an agreement has not been made and no payment has been made, the account will be subject to third-party collections.

Payment options available to patients are:

- Visa, MasterCard, and Discover (both debit and credit), money orders, cashier's checks, traveler's checks, and personal checks
- Online using credit or debit card
- Over the phone using credit or debit card by calling our customer service department at (307) 324-2221
- Care Credit Program
- Online payment portal through website
- Adjustments available at present time through MHCC

Payment plans need to be paid within 10 days of the due date on initial patient responsibility statement to avoid the account being turned over to third-party collections. If the patient cannot make the total payment amount due within the time frame, they will need to contact the Business Office at (307) 324-2221 to make arrangement with the Financial Counselor. After the 10-day grace period, all payment plans are void and the account will turn to third party collections.

Sliding Scale:

- MHCC provides a Sliding Fee Discount Program available to patients who qualify.
- Any patient who qualifies for the MHCC Sliding Fee Discount Program will be subject to the same facility collection process as other patients, but only for the percentage that was not adjusted off as part of the program.
- The MHCC Sliding Fee Discount Program will be advertised on the facility website, Facebook page, and will be posted at all registration locations at MHCC.

IV. Additional Information: This policy applies to all hospital departments and clinics EXCEPT the Emergency Department. All patients that present to the ER and request care will receive a Medical Screening Exam. Those patients who are deemed by the (MSE) to be non-emergent will be asked for their copay, deductible or a deposit in the case of a self-pay patient. If they are not able to meet their financial obligations they will not be turned away, and the patient treatment will continue.