



Title: **Patient Billing, Payment and Collection of Accounts Receivable**

Scope: **Business Office**

Index #: **8210-006**

PURPOSE:

Shannon Medical Center is committed to meeting the healthcare needs of the residents of San Angelo and the surrounding counties. As part of that commitment to provide quality healthcare, we have developed billing, discounting and payment guidelines, and a consistent collection process to assist our patients with information regarding their accounts.

POLICY:

Patients Without Health Insurance

Uninsured patients eligible for Financial Assistance will not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care. Patients who may be eligible for government health care programs should call Financial Counseling at 325-657-5696 or 800-313-9267. Benefits under state or government programs must be determined before an account can be considered under the Financial Assistance Policy (FAP).

Charity Care and Discounting for Uninsured Patients

Patients who are not eligible for government health care programs and whose financial condition is such that they are not able to pay for hospital services may be eligible for assistance under the Shannon Medical Center Financial Assistance Policy. Financial assistance is determined by review of a completed Financial Assistance Application including supporting documentation and will be based on 200% of the Federal Poverty Guidelines. Completed applications must be received within 240 days from the date of the first post discharge billing statement. Other industry measures may also be utilized to determine assistance.

Collection of Accounts Receivable

Patients / guarantor will be responsible for payment of services received at Shannon Medical Center. Insured patients will be responsible for the patient portion and any non-covered services as agreed to in the Admission Agreement. Uninsured patients who do not qualify for Financial Assistance will be responsible for payment of Amounts Generally Billed determined by the Look Back Method. Payment will be requested prior to or on the date of scheduled services. Patients who are unable to pay

the full amount of their responsibility at the time of service can make payment arrangements under the following guidelines:

Total Balance	Monthly Payment Due
\$00.00 - \$500.00	\$40.00
\$500.01 - \$1,000.00	\$80.00
\$1,000.01 - \$1,500.00	\$125.00
\$1,500.01 – \$2,500.00	\$200.00
\$2,500.01 - \$3,500.00	\$275.00
\$3,500.01 - \$4,500.00	\$350.00
\$4,500.01 - \$6,000.00	\$450.00
\$6,000.01 and above	\$500.00

Monthly statements will be sent throughout the collection cycle. Collection letters will be utilized at the discretion of the patient account representative. Collection letters will include information regarding the FAP . Attempts will also be made to verbally contact patients regarding their outstanding balances and the availability of financial assistance. Accounts will be reviewed for outside collection agency placement anytime following 120 days from the date of the first post discharge billing statement. Placement with an outside collection agency may have an adverse impact on your credit report within 60 days from placement. Medicare accounts will not be considered for placement until 120 days from the first notice of patient responsibility in accordance with Medicare regulations. Any overpayment of an account will be reviewed for refund within 30 days from the date the credit balance is created by the overpayment. Credit balances on Medicare accounts will be processed through the normal credit balance process and reported on a quarterly basis in compliance with Medicare regulations.

Interest

Shannon Medical Center does not charge interest on unpaid amounts for services not covered by third-party payers.

Consumer Complaints

Shannon Medical Center values its patients and welcomes the opportunity to address consumer complaints. If you would like to make a formal complaint, please contact the Business Office at 325-657-5307 or Quality Resources at 325-657-5295. If your complain cannot be resolved informally with SMC, you may file a complaint with the Texas Department of State Health Services by phone at 512-458-7111 or 1-888-963-7111 or by mail to Customer Service Representative, 1100 W. 49th Street, Austin, Texas 78756.

