PURPOSE: To ensure compliance with the National Fair Debt Collections Practices Act and to enable patient accessibility to charity care and discounting, as outlined in “Financial Assistance & Charity Care” (LD-107) and the “Discount Policy for the Un-insured or Under-insured” (LD-98).

POLICY:

- Uninsured/underinsured patients, who come to TGH, will first be screened for eligibility to government programs. If the patient is found to be ineligible for any of the government programs, the in “Financial Assistance & Charity Care” (LD-107) or the “Discount Policy for the Un-insured or Under-insured” (LD-98) will be presented to the patient as an alternative. These policies provide financial relief to patients, based on their income and assets in relation to the Federal Poverty Guidelines.

- The application process to qualify for charity or discounted care consists of the completion of a short form and in some instances, additional income and resource verification information. Potential charity care patients must first provide information to demonstrate that they are not eligible for public assistance programs.

- For patients who do not qualify for a discount, but have difficulty paying, TGH will work with the patient to establish an appropriate payment plan, with terms extending up to three years. Payment plans will not be offered for scheduled elective services.

- TGH will not pursue legal action for non-payment of bills against any patient who is unemployed or without other significant income. Prior to taking legal action for non-payment, TGH will ensure that the patient is not eligible for any assistance program and does not qualify under the hospital’s charity care policy. TGH will not pursue legal action if the only recovery available would be to place a lien on the patient’s home.

- Statements will be mailed to the guarantor’s address given at the time of registration.

- Collection calls and other follow-up communications will be made in compliance with the National Fair Debt Collection Practices Act.

- After approximately 90 days of collection activity, any remaining balance may be referred to the appropriate collection agency or attorney (reference Bad Debt policy – LD-64).

- Certain balances (co-payments, deductibles) may not qualify for charity or discounting.
- All statements are designed using the Patient-Friendly Billing® (HFMA Approved Billing Protocol).

APPROVED BY:

Janet Davis, Senior Vice President/CNO  Date

Anthony Escobio, Vice President, Patient Financial Services  Date

Judith M. Ploszek, Senior Vice President, Finance  Date

Steve Short, Executive Vice President/CFO  Date