

Kearny County Hospital
Family Health Center
Credit and Collection Policy

It is the purpose of Kearny County Hospital (KCH) and the Family Health Center (FHC) to provide quality care for Kearny County and the surrounding area. We believe the maintenance of this hospital and medical clinic can best be attained within the framework of sound fiscal management. In order to create and uphold an atmosphere of mutual understanding, the following guidelines concerning patient accounts has been developed by the Board of Trustees.

Insurance

All services rendered are charged to the patient, not to an insurance company. The patient is responsible for all charges, regardless of insurance coverage. The filing of claims with the insurance companies in no way relieves the patient of his or her obligation.

All insurance benefits will be assigned to KCH or FHC at the time of treatment. All policy co-pays will be paid at the time of service. Co-pays are not subject to prompt pay discounts and must be paid in full. Information relative to all types of health insurance the patient may have must be presented prior to or upon treatment at the hospital or health center. Third party insurance claims for patients without an assignment of benefits will be filed once the account is paid in full.

KCH is authorized to bill and collect for all physician charges for services provided here. If insurance payment is not received within 45 days of our filing, payment of the account becomes the personal responsibility of the patient. Any balance not covered by insurance becomes due per the payment schedules for accounts listed below.

Patients Without Insurance

For those unable to pay cash at the time of discharge, arrangements must be made with the Patient Accounts Manager at KCH or FHC. Any charges incurred by patients without insurance coverage will be due based on the payment schedule.

Inpatient Services

Any patients with requirements from the insurance carrier for pre-admission certification are required to contact their insurance carrier and to advise the hospital business office at the time of admission. If a patient is expecting to be admitted to the hospital at some point in the future, they must stop by the business office to complete the pre-admission form as soon as the patient knows about the upcoming admission.

If a patient fails to notify the hospital of pre-admission certification needs, any increases in deductible/coinsurance from the insurance carrier will be the patient's responsibility. Any remaining balance from inpatient services is due based on the payment schedule.

Outpatient/Emergency Services

Patient insurance will be billed for outpatient/emergency services if the information is provided at the time of service. Emergency Room co-pays are due upon treatment. If treatment is after office hours, co-pays are due the next business day. Any remaining balance from outpatient/ emergency services is due based on the payment schedule.

Any patients with requirements from the insurance carrier for pre-admission certification for outpatient procedures are required to contact their insurance carrier and to advise the hospital business office prior to admission. If a patient fails to notify the hospital of pre-admission certification needs, any increases in deductible/coinsurance from the insurance carrier will be the patient's responsibility.

Medicare

Patients must present proper Medicare identification and supplemental insurance cards at time of service. Supplemental insurance will be filed after Medicare payment has been received. The patient is responsible for items listed as non-covered under Medicare contract and deductible and/or co-insurance not covered by supplemental insurance. Any remaining balance is due based on the payment schedule.

Medicaid

Patients are required to present the current signed Medicaid identification card at the time of service. If the patient has other insurance coverage, Medicaid will be billed as supplemental insurance. Any co-pays are due at the time of service. Any remaining balance including spend down balances will be due based on the payment schedule.

VA

VA patients must have prior authorization from the VA for all hospital services. VA has defined some emergencies which are excluded from the prior authorization requirement. Authorization for services is the patient's responsibility.

Auto Accidents & Worker's Compensation

Most health insurance companies now exclude payment for any benefits which might be covered by auto insurance, worker's compensation, or any other liability coverage. If an injury is the result of an auto accident, work place accident or other accident where other liability coverage might exist, please notify the business office of KCH or FHC at the time of treatment so that the appropriate billing action can be taken. The patient is responsible for the bill even if there may be a potential liability action.

Payment Schedules for Accounts

The following payment schedule is applicable to any account at KCH or FHC:

TOTAL BALANCE	# PAYMENTS
UP TO \$74.99	1
\$75 TO \$149.99	2
\$150 TO \$249.99	4
\$250 TO \$399.99	6
\$400 TO \$649.99	9
\$650 TO \$999.99	15
\$1000 OR MORE	TBA

A prompt pay discount of 7% will be given to all accounts paid in full within 30 days of the date of the first billing. VISA or Mastercard is accepted. Policy co-pays are not eligible for prompt pay discounts and must be paid in full at the time of service.

Each visit to the hospital or health clinic initiates a patient bill and financial arrangements should be made for each bill. Patient bills can be combined for payment, with proper arrangements. Payment arrangements for any account of \$1,000.00 or more will be made with the Patient Accounts Manager of Kearny County Hospital or the Family Health Center. If a payment is missed the account will be turned over to an outside agency for collection.

Under Kansas Law, both parents are responsible for bills of their minor children. If parents are divorced, we expect to be provided complete information on all parties. We retain the right to charge for extra copies of bills or insurance forms.

Sample letter for account over \$75

Facility Letterhead

Date _____

Dear Patient:

In accordance with the Credit and Collection Policy of Kearny County Hospital/Family Health Center, payment arrangements will be made as follows:

Option 1: _____ monthly payments will be made in the amount of _____ and will due by the 20th of each month.

Option 2: A 7% prompt pay discount will be applied if your account is paid in full within 30 days of the date of this letter. Should you choose this option the balance due is \$_____.

If you have any questions please contact the Patient Accounts Manager at Kearny County Hospital/Family Health center at the number listed above.

Thank you.