

 <b>PIONEERS MEDICAL CENTER</b>	DCC APPROVAL: 9/13/2023	
TITLE: Pioneers Medical Center Financial Policy and Procedure	APPROVER TITLE:	PAGE: Page 1 of 4
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**PURPOSE:**

The success of Pioneers Medical Center (PMC) depends on the strength of the facility's financial policy. Establishing a financial policy guarantees the ability of the facility to continue to provide excellent health care to our patients. This policy serves as an outline of the patient's financial responsibilities to Pioneers Medical Center, including Meeker Family Health Center/Colorado Advanced Orthopedics Clinics, Pioneers Hospital Home Health, and Colorado Advanced Orthopedics Physical Therapy Clinic, hereafter known collectively as PMC.

**SCOPE:**

Governance

**RESPONSIBILITY:**

Patient Financial Services Department

**DEFINITIONS:**

Self-pay: one who has no insurance or has elected to not use their insurance for services

Uninsured: having no insurance coverage

Deductible: the amount one has to pay before insurance will start paying claims

Coinsurance: an amount shared by the patient and insurance company after the patient meets their deductible

Co-pay: a flat fee that is paid for a doctor visit or other services

Extended Business Office: also known as an EBO; an off-site company that provides services for a hospital such as billing, claims and self pay followup, and cash posting.

Hospital Discounted Care: a program offering financial assistance to qualified applicants

**POLICY:**

**Self-pay patients.** If a patient has no insurance, payment is due at the time of service. A 20% discount will be applied to charges paid in full at the time of service or within 30 days of the date of service. For scheduled hospital services such as surgery or imaging procedures (excluding the self-pay MRIs, cosmetic services, and experimental procedures), the discount of 20% will be applied to the estimated charge with a request to pay 50% 72 hours prior to the service or at the time the pre-authorization clerk schedules the service. Payment arrangements may be made with PMC's Extended Business Office (EBO) for the balance of monies due. A reasonable attempt will be made to contact the patient to collect monies due for scheduled hospital services. Services may be rescheduled if past due balances are not received. If the patient believes he/she may qualify for financial assistance, he/she will be referred to the financial counselor. All self pay patients will be offered the opportunity to be screened for Hospital Discounted Care. If the patient qualifies for financial assistance, co-pays are due at the time service is rendered.

**Patient with Health Insurance.** Payment for co-pays, co-insurance and deductible amounts is expected at the time of service if the patient has health insurance coverage. If a patient cannot pay the copay, coinsurance or deductible amounts in full at the time of service, a 50% deposit will be requested with the balance placed on a payment plan. If the patient is unable to pay 50% of monies due, a request will be made as to how much they can pay. As a courtesy insurance will be billed based on the information provided. The patient will be responsible for all non-covered services. If the patient has insurance, but is unable to produce an insurance ID card or information at the time of service, they will be classified a self-pay patient until such time insurance information is provided. It is the responsibility of the patient to notify PMC of any changes to insurance or demographic information within a timely manner to avoid timely filing requirements. Patients with health insurance are not eligible for prompt pay discounts due to contract terms and limitations. In the event a patient chooses to not use their insurance benefits, a waiver may be signed, and the patient will be classified as self pay.

**Workers Compensation, Auto, and Personal Injury claims.** If the visit is related to a workmen's compensation injury, auto accident or other liability injury, the claim number, phone number, contact person, and name and address of the insurance carrier must be obtained as soon as possible. If this information is not provided, payment will be expected at the time of service. Payment of the bill ultimately is the responsibility of the patient. If claims are denied or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full.

**Collection Status/Delinquent Accounts.** Patients whose accounts are at bad debt or have previously declared bankruptcy may be required to pay all self-pay balances or establish a payment plan prior to being seen for elective services. Additionally, payment will be required at the time of service for all future services.

**Payment Responsibility.** The patient, legal guardian, or guarantor is ultimately responsible for all charges or services rendered. PMC accepts cash, checks, Visa, Mastercard, Discover, and

American Express. Payments can be made at PMC or online on the website: [www.pioneershospital.org](http://www.pioneershospital.org). After insurance has paid the claims, all outstanding balances are payable in full upon receipt of the statement from Pioneers Medical Center. After 35 days from the date of the statement, all self-pay balances will be transferred to PMC's EBO, AR Services in Grand Junction, CO. Payment plans may be established with AR Services. PMC also offers a payment plan through MyLoans (underwritten by Bank of Colorado) for terms up to 60 months. Minimum monthly payments can be as low as \$20. If no payment has been received within 120-152 days from the date of the first statement or if a payment plan has been defaulted upon, the account(s) will be transferred to a collection agency. Should an account be transferred to a collection agency, the patient will be responsible for all collection and court costs.

**Minors.** Both parents are responsible for the services of a minor child; the parent signing for the minor to receive treatment will be considered the guarantor of that child. It is not the responsibility of PMC to determine which parent is responsible for payment of the bill. Failure to pay at the time of service may result in appointments or services being rescheduled until such time payment can be made. Continued failure of patients to pay copays, co-insurance, deductibles, and self-pay balances may result in the patient relationship being terminated.

If, at any time, a wireless telephone number is provided as the contact number, the patient consents to receive such calls (including auto-dialed calls and prerecorded messages) at that wireless number from the hospital, its successors and assigns, and the affiliates, agents, and independent contractors, including servicers and collection agents, of each of them regarding the hospitalization, services rendered, or any related financial obligations.

When emergency conditions exist a medical screening will be performed before policy takes effect in order to meet EMTALA compliance.

#### **PROCEDURE:**

Registration staff will verify patient demographic and insurance information at the time of registration, obtaining copies of ID and insurance cards or information as well as providing an estimate for the service being provided. Copay, co-insurance, and deductible amount will be requested at the time of service. Discounts will not apply to deductibles, co-insurance, or copays.

For services requiring pre-authorization, patient will be notified of financial responsibility and will be requested to provide payment at the time of registration and provided with options to establish a payment plan, if needed.

Self-pay patients will be provided an estimate of their procedure at the time of registration and offered a 20% prompt pay discount if the charges are paid in full at the time of service. For elective, pre-authorized services such as surgery and imaging services, a 20% discount will be offered and a 50% deposit will be requested with a payment arrangement to be established for

the balance of the charges due.

Signatures will be obtained on required forms and a receipt will be provided to the patient for all monies received.

**REFERENCES:**

PMC, *Prompt Pay Discount Policy for Self Pay or Uninsured Patients Policy/Procedure* – linked 09/13/2023

PMC, *Financial Assistance Policy/Procedure* – linked 09/13/2023

Opt Out Self Pay Election Form

Federal Communications Commission, *Telephone Consumer Protection Act 47 USC § 227*, accessed 09/13/2023

Hospital Discounted Care: <https://hcpf.colorado.gov/hospital-discounted-care>