

POLICY AND PROCEDURE

JOHN C. FREMONT HEALTHCARE DISTRICT
MARIPOSA, CALIFORNIA

DIVISION		Fiscal	
SUBJECT			
Self-Pay Patient Policy			
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DATE	06/17/2017	SUPERSEDES New	

APPROVED BY

Alan MacPhee

POLICY:

It is the policy of the John C Fremont Healthcare District (District) to identify patients without insurance coverage and consistently apply a method of billing, discounting, and collecting for the uninsured in the community. .

PROCEDURE:

The Admitting Clerk will identify all self-pay patients when they make the initial contact with the office.

A Self-Pay patient is defined as a patient who:

- Has no health insurance coverage of any kind, including federal and state healthcare programs such as Medicare and Medicaid or other commercial insurance coverage.
- Does not claim third party liability for the patient's healthcare treatment.
- Is not eligible for Worker's Compensation coverage
- Has no other responsible party covering the expenses associated with the care received.
- Does not qualify for JCF Financial Assistance program.

Prompt Pay Discount:

Uninsured patients who do not qualify for JCF Healthcare District's Financial Aid Program will be offered a 50% prompt pay discount if they pay at the time of service based on estimated charges. Insured patients can also take advantage of the 50% prompt pay discount if the entire bill is paid within 30 days of receipt of their first bill. No prompt pay discounts apply to payment plans.

Payment Plan/Repayment Scale:

Uninsured patients who do not qualify for JCF Healthcare District's Financial Aid Program and are unable to take advantage of our prompt pay discount program will be offered the ability to set up a monthly payment plan. Payment parameters are based on the sliding scale shown in Table 1 below:

TABLE 1
Payment Plan/Repayment Scale

Amount Due	Minimum Monthly Payment	Maximum Months to Pay
\$25 - \$100	100%	1
\$101 - \$300	\$100.00	3
\$301 - \$500	\$100.00	5
\$501 - \$750	\$125.00	6
\$751 - \$1,000	\$120.00	8
\$1,001 (+)	Calculate at time of service	9

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- Any payment plans on balances above \$1,000 will be paid within 9 months.
- If ability to pay exceeds 9 months, the accounts will be forwarded to our contracted collection agency with a monitor status.
- All payment plans must be signed by the patient to be considered valid.
- Signed payment plan will be forwarded to the Business Office for Early Out vendor notification and/or system setup.
- New accounts can be added to existing payment plans with re-evaluation.
- Failure to comply with the payment plan voids the agreement and the remaining balance will be due immediately.

Reviewed: Board adopted 6/28/2017