COLLEGE HOSPITAL

SUBJECT: REQUIRED DEPOSIT UPON ADMISSION	DEPT: PATIENT ACCOUNTING POLICY: 910
SUBMITTED BY: APRIL CONTRERAS	PAGE: 1 OF 2
APPROVED BY: Stephen Witt	DATE: 12/87 REV: 10/20

POLICY:

It is the hospital's policy to request a prepayment from patients when it is determined that there is no insurance coverage prior to admission. However, patients will not be denied admission if they are willing to make payment arrangements.

PROCEDURE:

Inpatient

It is the responsibility of the Access Services Department to assist uninsured patients/guarantors in arranging cash payment for services at College Hospital. The following procedures will be adhered to by the Access Services Intake Specialist in arranging admission of private pay patients.
Inpatient Rates –
College Hospital has agreed to provide patients with no coverage a discounted rate from the charge master rates. The inpatient discounted rate is as follows:

$985.00 per day, all inclusive rate.
A deposit of three (3) days is required upon admission in the amount of $2,955.00

1. The Access Services Intake Specialist must notify patient/guarantor of the daily rate and will request a deposit for a minimum of three (3) days of hospitalization services.
2. The patient/guarantor must be advised that College Hospital requires this amount to be paid every three (3) days while hospitalized.
3. The Access Services Intake Specialist will document the above, in detail, and notify the Admitting Department and Patient Accounting Department of the payment arrangements and/or lack of payment received.

Partial Hospitalization Rates

College Hospital has agreed to provide patients with no coverage a discounted rate from the charge master rates. The inpatient discounted rate is as follows:

SUBJECT: REQUIRED DEPOSIT UPON ADMISSION	DEPT: PATIENT ACCOUNTING POLICY: 910
APPROVED BY: Stephen Witt	PAGE: 2 OF 2

$240.00 per day, non-inclusive*
A deposit of five (5) days is required upon admission in the amount of $1,200.00

4. The CLD and/or PHP Representative must notify patient/guarantor of the daily rate and will request a deposit for a minimum of five (5) days of PHP services.
5. The patient/guarantor must be advised that College Hospital requires this amount to be paid every Monday while the patient is receiving services.
6. The CLD and/or PHP Representative will document the above, in detail, and notify the Admitting Department and Patient Accounting Department of the payment arrangements and/or lack of payment received.

*Doctor/Therapist fees are in addition to the hospital charges. Doctor/Therapist rates and payment terms must be arranged with the individual doctor/therapist.

7. The Patient Accounting Department will be responsible to follow up regarding ongoing payment arrangements.

COLLEGE HOSPITAL

SUBJECT: ARRANGING PAYMENT PLAN	DEPT: PATIENT ACCOUNTING POLICY: 930
SUBMITTED BY: APRIL CONTRERAS	PAGE: 1 OF 1
APPROVED BY: Stephen Witt	DATE: 12/87 REV: 10/20

POLICY:

To enable the hospital to treat patients with limited or no insurance coverage who are unable to pay in full at the time of discharge.

PURPOSE:

Every attempt shall be made to achieve a reasonable agreement with patients requesting a payment plan.

PROCEDURE:

1. Upon admission, insurance benefits shall be verified. If benefits are determined to be terminated the patient will be contacted immediately to inform them of non coverage and financial liability to the hospital.

2. Once insurance benefits have been received the Patient Admitting Financial Representative contacts the patient and/or guarantor to determine monthly payments agreeable to both parties. The representative may extend payment plan up to twelve (12) months. Under no circumstances may the business services representative authorize payments beyond twelve (12) months without the approval of the Director of Patient Accounting. No interest or service fees are charged.

3. Due to financial hardship, payment arrangements may be authorized for more than 12 months with the approval of the Supervisor/Director of Patient Accounting.

4. In the event of a default of payment, normal collection procedures are initiated.

5. The Hospital has the discretion to review admissions and determine appropriate write off's.

COLLEGE HOSPITAL

SUBJECT: PATIENT NOTICES / STATEMENTS	DEPT: PATIENT ACCOUNTING POLICY: 940
SUBMITTED BY: APRIL CONTRERAS	PAGE: 1 OF 5
APPROVED BY: Stephen Witt	DATE: 12/87 REV: 10/20

POLICY:

To establish a monthly process within the Patient Accounting Department to ensure that patients with balances due to College Hospital are contacted and notified of their current balances via mail.

The computerized system is designed to consist of four (4) weekly billing cycles. Due to the manner in which College Hospital collections from patients, the billing cycle will always be indicated as one (1). Which will result in statements and/or letters being generated the first week of each month.

The computerized system as Collect Codes which are directly linked to the letters that have been created in the core system for patient billing.

Collect Code 3 – Letter One:
Notification to the patient that no insurance information was obtained and/or their insurance has paid and they are now responsible for the remaining balance.

Collect Code A – Letter Two
Notification to the patient that no payment has been received and satisfactory payment arrangements have not been made. If no contact is made with College Hospital the remaining balance on the account will be forwarded to the collection agency for further collections.

NOTICE REPORT:

The following Crystal Report will indicate the Cycle Code and Collect Code that each patient that has been assigned in the computerized system. This report is directly generated from the AR report for those patients that are classified as private pay (balance due and payable by patient).

Important Note: before generating the Crystal Report first build the AR file within the computerized system.

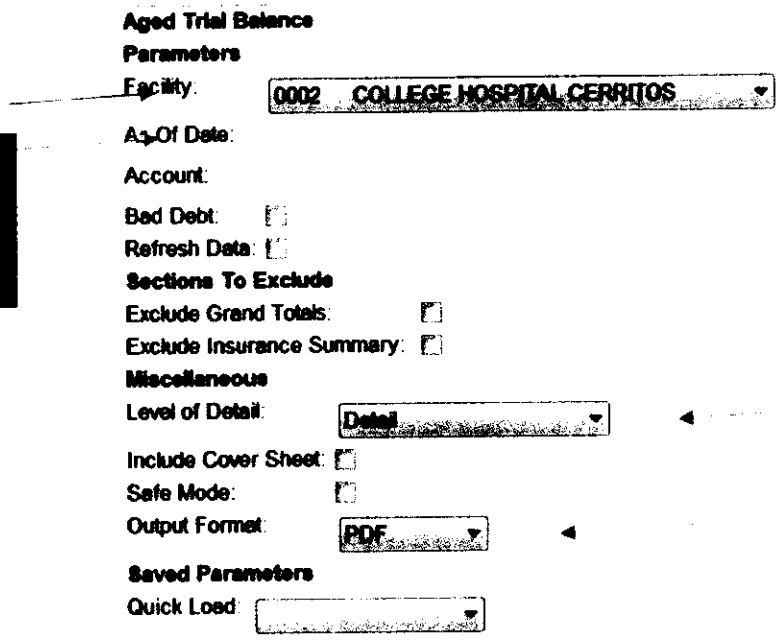
- Hospital Base Menu
- Print Reports
- Accounts Receivable
- Aging

- Build AR File
- Select Generate New Filebuild
- Select Windows View or Print
- As Of Date: Enter the last date of the month
- Enter Account Type: 1 - A/R Accounts
- Select Generate

The system will process the current AR information. When the process is completed the system will return the Hospital Base Menu.

Generate a PDF of the AR Report:

- Hospital Base Menu
- Print Reports
- Accounts Receivable
- Aging
- Aged Trial Balance
- Select Windows View or Print
- Select Aged Trial Balance
- Click OK



- Click 

Generate the Crystal Report. Export to Excel.

- Remove Sub Type (Patient Types) that are PHP patients.
- Remove patients who are currently in-house.
- Sort the report by Collect Code

Review the Crystal Report and ensure that all patients have a Cycle Code and Collect Code indicated. Update accounts and report as needed.

STATEMENTS

Statements will be generated monthly. Statements are recognized in the system as Collect Code 1 and Collect Code 2. In addition, for those accounts assigned to Collect Code 3 will also receive a statement.

Important Note – Before starting this process ensure to build the AR file as indicated above.

- Hospital Base Menu
- Print Reports
- Accounts Receivable

- Sort By Zip Code
- Type "NU" in printer options

Once completed the system will return to the Hospital Base Menu.

- Hospital Base Menu
- Print Reports
- Accounts Receivable
- Outsourcing Statement Preview
- Select Windows View or Print

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COLLEGE HOSPITAL CERRITOS                                STATEMENT PREVIEW
                  USING PATIENT FRIENDLY BILLING STATEMENT
                                                  AS OF DATE: 012018

CHOOSE AN OPTION TO PREVIEW: 2

                                                  1 - FIRST TIME STATEMENT
ENTER CYCLE CODE: 1 (1,2,3,4,5,6 OR A-11)         2 - CYCLE STATEMENT
PRINT AND SORT BY STATEMENT MESSAGE? Y/N N        3 - LONG-TERM STATEMENT
OKAY? Y/N/O Y                                     4 - COLLECTION LETTER
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This process will create a report indicating the patients that will receive statements once the generating process is completed. The total must balance back to the Crystal Report. If within a five (5) patient variance the statements process can continue. If more than a five (5) patient variance then the report needs to be reviewed, patient by patient, to determine the discrepancy.

- Hospital Base Menu
- Print Reports
- Accounts Receivable
- Statements (CYCLE)
    - **NEVER select Statements (First Time)**
- Select Windows View or Print
- Enter Cycle Number: 1
- Enter Restart Account: hit enter
- Okay: Y

Will open in PDF. Print statements directly from the PDF file. Do not save the file. The file is auto-saved in the system.

LETTERS

- Hospital Base Menu
- Print Reports
- Accounts Receivable

SUBJECT: PATIENT NOTICES/STATEMENTS	DEPT: PATIENT ACCOUNTING POLICY: 940
APPROVED BY: Stephen Witt	PAGE: 5 OF 5

- Outsourcing Statement Preview
- Choose an option to preview: 4 Collect Letter (note option 4 will print all letters requested under Collect Code 3 and A).
- Enter Cycle Code: 1
- Print and sort by statement message: N
- Okay: Y

This will provide a list of accounts that will generate letter 1 and letter 2. The total must balance back to the Crystal Report. If within a five (5) patient variance the statements process can continue. If more than a five (5) patient variance then the report needs to be reviewed, patient by patient, to determine the discrepancy.

- Hospital Base Menu
- Print Reports
- Accounts Receivable
- Collect Letters
- As of Date: indicate date as the last date of the month
- Cycle Code: 1
- Sort by Zip Code: Y
- Is this a restart: N

COLLEGE HOSPITAL

SUBJECT: NON-MEDICARE BAD DEBTS	DEPT: PATIENT ACCOUNTING POLICY: 941
SUBMITTED BY: APRIL CONTRERAS	PAGE: 1 OF 1
APPROVED BY: Stephen Witt	DATE: 04/88 REV: 10/20

POLICY:

To establish a uniform and consistent procedure in compliance with policies set forth by the Hospital Administration.

PURPOSE:

No accounts shall be adjusted for discounts or write-offs without written authorization from the Director of Patient Accounting and/or Chief Financial Officer.

PROCEDURE:

1. Discounts may be considered in advance of a patient's hospitalization or after discharge based on Charity Care Policy 994.

2. Persons willing to settle an account after payment arrangements have been made may be allowed to do so. However, each case is handled on an individual basis.

3. Accounts determined to be uncollectible are written off as bad debt and referred to a collection agency. The Director and/or Supervisor of Patient Accounting must review all such accounts prior to being written off and approved.

4. The Chief Financial Officer must review all patient files with a balance of $2,000.00 or higher before being referred to the collection agency

5. Director of Patient Accounting and/or VP of Patient Financial Services/RCM will review all accounts before suit is filed against debtors.

    a. As needed, accounts may also be reviewed by In-House Legal Counsel before suit is filed

* Note: Only difference between non-Medicare bad debt and Medicare bad debt is 120 day holding period.