

**KERN VALLEY HEALTHCARE DISTRICT**

**TITLE: DEPOSITS -DISCOUNTS**

**DEPARTMENT: Business Office**

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**POLICY/PROCEDURE**

**SCOPE:** All Departments

**POLICY:** The District will calculate and collect a deposit, deductible, or any required copay upon verification of insurance.

**PROCEDURE: Deposit Requirements:**

<b>PATIENT TYPE</b>	<b>DEPOSIT REQUIREMENT</b>
Hospital Admission	\$3,000 – Before admission
Skilled Nursing Facility	One month’s estimated private-pay portion of the bill or \$8,000. Whichever is less.
Outpatient Services / Clinic	The lesser of \$100 or the verifiable co-pay requirement from the primary pay insurer.
Emergency Room Patient and any patient Without verifiable proof of insurance.	\$200 cash, check, or credit card

Whenever possible the deposit will be collected in advance of the beginning of the patient stay. Deposits must be paid in legal tender of the United States or using an acceptable national credit card (i.e. Visa, Master Card, Discover, and American Express). Kern Valley Healthcare District reserves the right to refuse personal checks. (See check acceptance policy)

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Discounts for hospital services and supplies must be granted by the “Financial Counselor” as follows.

**PATIENT DISCOUNTS:  
AMOUNT OF DISCOUNT (NOTE: MULTIPLE DISCOUNT TYPES WILL NOT BE COMBINED)**

**Cash Discount**

All charges paid in full at the time of service or accounts set up on a monthly payment arrangement will be based on the current Medicare rate letter.

**Employee and Board Member Discount**

30% discount following payment of subject charges by employee/board member’s insurance plan. The discount is only applicable to the employee or board members’ liability portion of the hospital charges and this policy excludes patient deductibles and/or co-pays.

Administrative Allowances	From time to time the CEO may grant a special one-time-only discount when warranted by special circumstances. Such discounts or allowances will only be granted upon written authorization from the CEO to the Business Office Manager and Controller.
Skilled Nursing Facility – Private Pay Accounts	The district extends a discount of 30% of the total monthly charges on private pay accounts not paid by other insurances or payers (such as Medicare Part B or other alternative medical coverage).
Charity Care and Financial Assistance Discount	The hospital offers charity care and financial assistance discounts based on <b>verifiable monthly income</b> taking into account family unit size. The scale is 400% of the current published “Poverty Guidelines”.

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**PROCEDURE:**

It is the responsibility of the Clinic, Patient Services, Financial Counselor, and the Business Office to inform patients regarding this policy and collect appropriate fees. All discounts for care must be approved by the Financial Counselor.

1. Request patients to fill out the “Financial Statement” and request copies of the relevant income verification. (Not limited to Income Tax Returns, W-2s, recent pay sand tubs.) All information must be forwarded to the Financial Counselor.
2. Check the current “Financial Assistance Listing” prepared by the Financial Counselor to determine if the patient has or has not previously supplied the required information and is or is not eligible.
3. Collect the appropriate deposit of fee payment from the patient or family. If the patient owes monies from prior visits these monies must be paid also.
4. Any exceptions to the financial assistance fee scale or discount policy must be approved in writing by the District CEO and Business Office.
5. Under all circumstances Kern Valley Healthcare District will comply with the directions of AB 774.

Attachments: Deposit and Discount Schedule

Reference: AB 774

APPROVAL	DATE	APPROVAL	DATE
Department/Division Manager	2/22	Interdisciplinary Team	N/A
Unit Medical Director (if applicable)	N/A	Governing Board	3/07/18
Medical Staff Committee (if applicable)	N/A	Administration	2/26/18
Reviewed By:		Reviewed By:	
Reviewed By:		Reviewed By:	

KVHD#6351-R8/01

New: 2/22; R: 2/22 BF

File name: Financial Assistance

**KERN VALLEY HEALTHCARE DISTRICT**

**DEPOSIT SCHEDULE:**

Hospital Admission	\$ 3,000.00	Or the verifiable Co-pay requirement from the primary insurer.
Skilled Nursing	\$ 8,000.00	Or the verifiable Co-pay requirement from the primary insurer.
Outpatients / Clinics	\$ 100.00	Or the verifiable Co-pay requirement from the primary insurer.
Emergency Room	\$ 200.00	Or the verifiable Co-pay requirement from the primary insurer.

**AVAILABLE DISCOUNTS:**

Cash / Uninsured Hospital Services	Current Medicare Rates	Based on the current Medicare Rate Letter for all charges. Payment arrangements may be made based on the amount due.
Cash / Uninsured Rural Health Clinic Services	Current Medicare Rates	Based on the current Medicare Rate Letter for all charges. Payment arrangements may be made based on the amount due.
Charity Care and Financial Assistance	Discount based on the scale the patient was approved for	See Charity Care and Financial Assistance Policy
Employee & Board	30%	Applicable to the patient's personal liability portion of the hospital's charges; not to include patient deductible and or co-pays.
Administrative Allowance		From time to time the CEO may grant a special discount when warranted by special circumstances. Such discounts or allowances will only be granted upon written authorization from the CEO/CFO to the Business Office Manager or Controller.

**Acceptable payment arrangements may be made by seeing the Financial Counselor.**