 <p>Community Healthcare Partner, Inc.</p> <p>POLICY AND PROCEDURE</p>	<p>Subject: Underinsured/Uninsured Patient Discount/Sliding Fee and Charity Care Policy</p>	<p>Item No. 8530-200</p>
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<p>Supersedes: NEW Revised/Effective: 06/13, 8/22, 08/25</p>	<p>Scope: Hospital Wide</p>	


Issued/Prepared by:	Administration	Date: 06/13
Director's Approval:		Date:
Administrative Approval:		Date:

POLICY:


To ensure adequate and appropriate follow-up is done on all patient accounts consistently and to ensure maximization of cash flow, and timely identification of bad debt accounts.

PROCEDURE:

1. Payment in full is due when services are rendered. If acceptable insurance identification is provided, the following insurance types will be taken instead of cash payment:
 - Medicare
 - Medicaid
 - Blue Cross
 - Workers C
 - Health Maintenance Organization (HMO)/Preferred Provider Organization (PPO)
 - Civilian Health & Medical Program of Uniformed Services (Champus/Tricare)
2. Acceptable insurance identification is defined as a valid insurance card, policy or telephone verification. As a courtesy to our patients', verifiable and assignable for primary and secondary carriers will be billed by Colorado River Medical Center.
3. If a patient chooses or is required to bill his or her own insurance, Colorado River Medical Center Business Office will provide an itemized statement and a UB04 to the patient but will treat the account as self-pay.
4. All inpatient and outpatient services that require precertification must be authorized prior to service being rendered. Elective procedures for patients without insurance are offered a 30% self-pay discount on estimated charges. If not paid, elective procedure can be rescheduled.

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5. All Co-pays are due in full when service is rendered. Full payment of Co-pays is requested at time of service with partial payments accepted.
6. All Emergency Hospital care will not be denied to any person solely based on their ability to pay. Eligible medically indigent patients are screened by Case Manager and will be referred for financial assistance.
7. All patients who reside outside the United States are required to pay cash for all charges at the time of service regardless of the total amount of their bill.
8. Community Healthcare Partner dba Colorado River Medical Center accepts Mastercard, Visa and Discover as a method of payment for all patients.
9. All dishonored checks will be charged back to the patient's account with a service fee of \$25.00. Any dishonored check not redeemed within 20 working days or written notice to the maker may be referred to a prosecutor for collection.
10. All self-pay accounts and self-pay balances after third party insurance are referred to an Early-out company for follow-up. After approximately 90 days, the early out company will provide Colorado River Medical Center with a list of recommended bad debt accounts.
11. Delinquent accounts are assigned to a collection company. After approximately 120 days, the uncollectable accounts are returned to Colorado River Medical Center as all efforts exhausted.

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