MONROVIA MEMORIAL HOSPITAL	
Title: DEBT COLLECTION POLICY	Number: Bus 302
Department: BUSINESS OFFICE	Page 1 of 6
Department Mgr Approval:	Initial Date: 05/26
Administration Approval:	Review/Revise Date:08/26 Effective Date: 08/26

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Policy:

Patients who do not meet the financial indigence criteria shall be billed privately. Patients who are eligible for Medicare Part B benefits shall be responsible for the coinsurance amounts in addition to amounts not covered under Part-B.

Monrovia Memorial(s) Business Office staff shall evaluate each self-Pay account to determine whether they should be sent to legal counsel or to a third-party collection vendor. The third-party collection vendor generates statements and performs collection efforts for a period of 180 days.

Prior to commencing any collection activities, Monrovia Memorial will provide the patient with a notice that advises the patient that nonprofit credit counseling services may be available in the area, and contains the following statement:

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State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m. or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, you may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357) or online at www.ftc.gov.

This notice must be included with any document indicating that the commencement of collection activities may occur.

Before assigning a bill to collections, or selling patient debt to a debt

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buyer, Monrovia Memorial shall send the patient a notice with all of the following information:

(1) The date or dates of service of the bill that is being assigned to collections or sold.

(2) The name of the entity to which the bill is being assigned or sold.

(3) A statement informing the patient how to obtain an itemized bill from the hospital.

(4) The name and plan type of the health coverage for the patient on record with the Hospital at the time of service, or a statement that the hospital does not have that information.

(5) An application for Monrovia Memorial Charity Care and/or Financial Assistance.

(6) The date or dates the patient was originally sent a notice about applying for financial assistance, the date or dates the patient was sent a financial assistance application, and, if applicable, the date a decision on

the application was made.

If an account is deemed uncollectable it shall be returned to the CBO 180 days after being placed with third-party collection vendor.

In no event shall the bad debt of a patient be sold to a third party unless the patient has been found ineligible for financial assistance or the patient has not responded to any attempts to bill or offer financial assistance for 180 days. If a patient is found to be eligible for Medi-Cal after the patient's bad debt has been sold to a third party, the Hospital must notify the third party and instruct it to cease collection efforts and notify the patient that such steps were taken.

~~In no event shall a third party to which any bad debt has been sold use wage garnishment or a sale of a patient's primary residence as a means of collecting bad debt, except as expressly permitted under California Health & Safety Code section 127425(h)(2).~~

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In no event shall a third party to which any bad debt has been sold use wage garnishment or a lien against, or seek the forced sale of any real property owned, in part or completely, by the patient, as a means of collecting the debt, except as permitted by Health & Safety Code section 127425(h)(2)(B).

~~Neither Hospital nor any third party to which any bad debt has been sold will report adverse information to a consumer credit reporting agency or commence civil action against the patient for nonpayment until 180 days have passed since initial billing. (This time period shall be extended if the patient has a pending appeal for third-party coverage of the services.)~~ Neither the Hospital nor any third party to which the debt has been assigned or sold shall not report adverse information to a consumer credit reporting agency.

If the Hospital learns during or after such a 180-day period that the patient is eligible for Medicaid, any information ~~previously sent to a~~

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~~consumer reporting agency~~ must be corrected within 30 days.

Information obtained from income tax returns or paystubs collected for the discount payment or charity care eligibility determinations cannot be used for collection activities.