



Subject	BO - Bad Debt Transfers - Evident				
Department(s)	Business Office				
Reference #	4678				
Scope of Policy (Identifies the entities that are covered under the policy)					
	All Orchard Hospital entities		Medical Specialty Center		Hovlid Community Care Center
	Orchard Hospital		Medical Specialty Center (Oroville)		Business Office

POLICY:

Accounts that are deemed self-pay will receive three statements asking that the account balance be paid.

PROCEDURE:

Orchard Hospital will continue to send monthly statements until the balance is paid in full or transferred to Bad Debt status and referred to a Collection Agency.

Any account with a balance under \$10 is written off as the Collection Agency requires that all balances must be \$10 or higher.

Statements are generated on a weekly basis thru Evident.

There are three notices generated and sent. See end of policy for verbiage.

Balance Due	→	30 Days
Past Due	→	30 Days
Final Notice	→	30 Days
Transferred to Bad Debt	→	Change Financial Class to BD

Process to Identify accounts for the monthly Bad Debt transfer:

The Bad Debt transfers are processed once a month (at the end of the month). Below are the steps:

- ATB generated by Evident.
- Imported to EXCEL spreadsheet.
- All accounts that do not meet the 30 days or greater time limit for the Final Notice are removed
- Each account that does not have the not FINAL NOTICE is reviewed to verify if account should be included in the Bad Debt transfer.
- Any accounts where there are questions are referred to B.O. Manager for review and input at time report is being reviewed
- EXCEL spreadsheet is sent to the B.O. Manager for a final review and to identify if any accounts should be pulled.



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Statements Sent:

STATEMENT AKA BALANCE DUE

We appreciate your business! Please mail payment in full or online at <http://www.orchardhospital.com>.

If you have any questions please call (530) 846-9011. Payment due in 30 days.

Thank you.

REMINDER STATEMENT AKA PAST DUE

Your account is past due.

If you are not able to pay the entire balance, please call our office (530) 846-9011 between 8:00 AM – 4:00 PM to establish a payment plan.

Thank you.

FINAL STATEMENT

If you do not respond within 28 days to this letter by contacting our office to finalize a payment plan or by mailing your payment, we will have to forward your account to a collection agency.

Please call (530) 846-9011 between 8:00 AM and 4:00 PM to speak to a staff member.

Thank you.

Related Policies:

Financial Arrangements and Payment Plan

Community Care Financial Assistance and Discount Payment