



**POLICY:** Uninsured Patient Discount Policy      **Department:** Organization Wide

**Effective Date:** 7/1/2025

**Revision Date(s):** 8/2025

**Review Date(s):** 8/2025

## **I. Purpose**

The purpose of this Uninsured Patient Discount Policy is to define the eligibility criteria for discounts offered to patients who receive health care services at Mad River Community Hospital (MRCH) and who are uninsured, but do not qualify for Financial Assistance under the Financial Assistance Charity Care Policy.

## **II. Policy**

- A. MRCH is committed to providing a fair discount to individuals who are uninsured or insured but without coverage for certain medically necessary healthcare services offered by MRCH and who are not eligible for the financial assistance discount set forth in MRCH's Financial Assistance Charity Care Policy.
- B. This policy establishes the guidelines for discounts available to uninsured or underinsured patients. Discounts for healthcare services rendered at MRCH may be offered to patients residing in the United States or internationally.
- C. MRCH will provide the uninsured patient discount to those individuals who meet the definition of an uninsured patient.
- D. Patient balances post-insurance processing are excluded from this Uninsured Patient Discount, including copayments, coinsurance and deductibles.

## **III. Definitions**

- A. Financial Assistance Discount: If a patient is eligible for MRCH's Financial Assistance Charity Care, that program will supersede the Uninsured Patient Discount.

- B. Medically Necessary Services: Healthcare services, including emergency care, which, in the opinion of an MRCH treating physician, is a service, item, procedure or level of care that is necessary for the proper treatment or management of the patient's illness, injury or disability.
- C. Uninsured Patient: An individual who meets one of the following criteria:
  - 1. Without any private or public insurance or third-party coverage
  - 2. With private or public insurance or third-party coverage by a commercial third-party insurer, an ERISA plan, a Federal Health Care Program including without limitation Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), Tricare/Champ VA, Worker's Compensation, or other third-party assistance to assist with meeting their payment obligations. It also includes patients that have third-party coverage, but have either exceeded their benefits cap, or their third-party coverage does not provide coverage for the particular Medically Necessary healthcare services for which the patient is seeking treatment from MRCH.
  - 3. With third-party coverage but not seeking to have a claim for services received at MRCH submitted to their plan or coverage, thereby opting to pay out-of-pocket (e.g. self-pay).
- D. Professional Services: Services provided by physicians contracted to provide services at MRCH and are billed through one of MRCH's clinics.
- E. Hospital/Facility Fee: An additional charge for healthcare services delivered in a hospital or other facility that bills for its services separately from the physician or other provider who actually performs the service.
  - 1. Inpatient Services: All admissions to the hospital that meet Inpatient criteria
  - 2. Outpatient Services: All admissions to any department that do not meet Inpatient criteria (e.g. Laboratory, Radiology, Outpatient Surgery, Emergency Room, Observation, etc.)

#### **IV. Procedure**

- A. Guidelines
  - 1. Under the Uninsured Patient Discount, MRCH will limit the expected payment by an Uninsured patient for medically necessary hospital services, as those terms are defined above, to an amount determined by MRCH to be within a range between the average discount from billed charges for all commercial fee-for-service managed care payers and the least discount extended to any managed care payer. No application is necessary for an

Uninsured Patient to receive the Uninsured Patient Discount. The discount will be applied automatically.

2. The Uninsured Patient Discount amount will be reviewed on a quarterly basis and is subject to change at any time without notice.

B. Non-eligible Services

1. Non-MRCH services are not covered by this policy. Patients may contact other providers' offices directly to inquire about available discounts.

C. Eligibility Determination

1. A patient who has third-party coverage shall provide coverage information when requested by MRCH
2. Patients shall cooperate fully with providing information MRCH requires to verify uninsured status. Failure to do so may affect MRCH's ability to provide the Uninsured Patient Discount.

D. Emergency Physician Services

1. Emergency physicians, as defined in Section 127450, who provides emergency medical care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level.

E. Payment Plans

1. Patients have the opportunity to negotiate an interest-free payment plan that allows the patient to pay their balances over time. The payment plan will include monthly payments (without interest or late fees) that are not more than 10% of a patient or family's monthly income, excluding deductions for essential living expenses. "Essential living expenses" means, for purposes of this subdivision, expenses for any of the following: rent or house payment and maintenance, food and household supplies, utilities and telephone, clothing, medical and dental payments, insurance, school or child care, child or spousal support, transportation and auto expenses, including insurance, gas, and repairs, installment payments, laundry and cleaning, and other extraordinary expenses.
2. The extended payment plan may be declared no longer operative after the patient's failure to make all consecutive payments due during a 90-day period, starting with the first day that the patient misses a payment. Before declaring the hospital extended payment plan no longer operative, MRCH shall make a reasonable attempt to contact the patient by telephone and to give notice in writing, that the extended payment plan may become inoperative, and of the opportunity to renegotiate the extended payment plan. MRCH shall attempt to renegotiate the terms of the defaulted

extended payment plan, if requested by the patient. For purposes of this section, the notice and telephone call to the patient may be made to the last known telephone number and address of the patient.

F. Disputes Resolution

1. Patients who have been deemed to not meet the Uninsured Patient Discount eligibility criteria may seek review of the determination by contacting Patient Accounts at 707-826-8260 or by email to [collections@madriverhospital.com](mailto:collections@madriverhospital.com) and request review by the Revenue Enhancement Manager or Chief Financial Officer.

**V. Current Uninsured Patient Discount Rate**

- A. See Appendix A

Policy Author:	Niesje Walton
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References:	
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## Appendix A

### Current Uninsured Patient Discount Rate Information As of July 1, 2025

Pursuant to the Policy, individuals identified as Uninsured Patients may receive the following discounts for medically necessary services.

1. A fifty percent (50%) discount for Professional services of MRCH Physicians (as defined in Part III, Section D of the Policy)
2. A fifty-seven percent (57%) discount for Inpatient services charged by MRCH (as defined in Part III, Section E(1) of the Policy)
3. A sixty-five percent (65%) discount for Outpatient services charged by MRCH (as defined in Part III, Section E(2) of the Policy)

The current discount amounts are reviewed on a quarterly basis and are subject to change at any time without notice.