

**CC015 PFS Patient and Third Party Billing Collections**

<b>ISSUED DATE:</b> Not Set	<b>APPROVED DATE:</b> 02/22/2021
<b>PREPARED BY:</b> Dawn Bunch (Billing Supervisor)	
<b>APPROVED BY:</b> Tammy Hoke (Director of Patient Accounts)	

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- I. **PURPOSE:** To establish and communicate the patient and 3<sup>rd</sup> party billing policy of Wayne Healthcare
- II. **POLICY:** To provide billing and collections a process for payment on patient accounts.
- III. **GUIDELINES:**
  1. The payment of charges for supplies and /or services rendered to a patient by Wayne HealthCare is the responsibility of the patient or responsible party of the patient.
  2. Payments for supplies and /or services rendered by Wayne Healthcare are due in full at the time they are rendered.
  3. Third party payers (Blue Cross, Commercial Companies, Medicare, Medicaid, and Bureau of Worker’s Compensation, etc.) may be accepted as the payer of a patient’s account. However this does not relieve the patient from full payment of any and all charges for supplies and/or services rendered by Wayne Healthcare.
  4. Cashiers, Pre-Registration, and/or Registration will make every effort to collect on patient accounts in full or any portion of a patient account (co-pay, deductible, out of pocket expenses), that is not covered by an acceptable third party payer at the time the supplies and/or services are rendered.
  5. Patient Financial Services will provide the patient with information regarding methods of payment for hospital services, such as arranging an agreeable payment schedule based on the payment guidelines, public assistance, uncompensated services etc.
    - a. The Wayne Healthcare Patient Billing and Financial Counseling pamphlet will be used as a guideline for payment arrangements. (See attached example A)
    - b. Wayne Healthcare Financial Assistance policy will be followed for the Hospital Care Assurance Program (HCAP) and Hospital Charity program.
    - c. Documentation will be noted in the patient account in regards to financial assistance findings.
  6. Attempts will be made to see all self-pay patients while in-house. Firstsource/Med Assist and/or the registration clerk will prescreen the patient for possible Medicaid coverage at time of registration. Registration will notify Firstsource/Med Assist for presumptive Medicaid coverage.
  7. Central Scheduling will provide the patients with the admission/deposit requirements. The Wayne Healthcare Patient Billing and Financial Counseling pamphlet will be used as a guideline for admission/deposit requirements. (see attached example A)

**IV. BILLING OF PATIENT PAY ACCOUNTS**

Billing of patient pay accounts, which are not paid at the time of service, will be as follows:

1. The patient or guarantor will be billed for the account balance.
2. Additional billings on unpaid accounts will follow the 501r guidelines established with the third party billing company and at twenty-eight (28) day intervals up to 120 days the patient and/or guarantor will be issued a monthly statement for the balance due, as well as 3 phone calls within the 120 days:
  - DAY 1- First Notice with Detail Sent
  - DAY 15- Calls Begin (1 of 3)
  - DAY 30- Reminder Notice Sent
  - DAY 35- Calls Continue (2 of 3)
  - DAY 60- Past Due Notice Sent
  - DAY 76- Calls Finish (3 of 3)
  - DAY 90- Final Demand Notice Sent
  - DAY 120- CLOSE
3. When an account remains unpaid at the conclusion of the statement, phone calls and collection letter run, the third party statement company will return the account to Wayne Healthcare for bad debt processing.
4. The guidelines for monthly payment arrangements can be found in the Wayne Healthcare Patient Billing and Financial Counseling pamphlet under the Payment Plan Guidelines. (see attached example A)
5. The patient will receive a monthly statement and/or payment book indicating their payment is due. If the patient account that is on a payment plan becomes delinquent and the patient/guarantor has not made a payment in 45 days the balance will be in arrearage.  
Terms that are not agreed upon or to the payment plan policy will be eligible for bad debt processing.
6. Accounts that are requested to be joined will follow the payment plan guidelines (see attached A). Accounts that do not meet the payment plan guidelines will not be joined unless approved by the Supervisor. The collector can refuse joining due to poor and inconsistent payments, or the account balance is greater than the payment plan guidelines. If the account is in arrearage, step 3 is to be followed.
7. If an account has mail returned for bad address, the following action is taken:
  - a. Check for current address on more current patient accounts.
  - b. Use available directories and contacts to check current address
  - c. Set up new address for statements.
  - d. No new address, refer to collection agency using the bad debt policy CC001.
8. Bad debt patient accounts will be set with cycle code (1) and collect code (B) for collection agency transfers. Bad debt and Repeat offenders are determined by:
  - a. Bad debt history
  - b. No response to statements, letters or phone calls on accounts.

- c. Low and inconsistent payments, not paying to terms, not paying monthly, not paying.
- d. Fraudulent or uncooperative information given during registration.
- e. Threats of bankruptcy

V. BILLING OF INSURANCE FOR PATIENT ACCOUNTS:

The billing of third party payers will be as follows:

1. Accounts with acceptable third party coverage will be billed to the proper carrier upon coding completion.
2. Balances remaining after receipt of payment from a third party payer or rejection/denial of benefits from a third party payer will be sent to the patient/guarantor to be paid in accordance with the procedure of billing patient pay accounts.
3. Accounts that have been actively worked through Patient Financial Services Department can be billed to the patient up to eighteen (18) months after the last date the account was actively worked.

Accounts that are older than eighteen (18) months will follow policy and procedure CC031, write offs. Worker's Compensation claims can be billed after they have been denied. The time frame does not apply to Worker's Compensation claims.

- VI. Minimum payments on accounts are \$25.00 unless approved by upper management for a predetermined time frame and amount.

ISSUE DATE:	REVIEW:	REVISION:	ISSUED BY:	APPROVED BY
2000	2001			
	2002			
	2003			
	2004			
	2009		Carolyn Brant	
	2012		Carolyn.Brant	
	Jan 14 2013		Carolyn Brant	
	December 2013		Carolyn Brant	
	April 2014		Peg Emrick	
	February 2016		Carolyn Brant	
	September 25, 2019		Dawn Bunch	
	October, 2020		Dawn Bunch	

# PATIENT BILLING & FINANCIAL COUNSELING

Molding our services  
to fit the needs of our patients.



We recognize the complexity of the hospital billing process and various payment methods and have prepared this pamphlet to explain our financial policies and billing procedures.



## TYPES OF COVERAGE

### Insurance Benefits and Authorization

Wayne HealthCare will make every effort to verify insurance eligibility and benefits. We will also attempt to obtain authorization in accordance with your insurance company's policies. However, as the insured, you are ultimately responsible for knowing your benefits. Please contact your insurance company before receiving non-emergent services to ensure Wayne HealthCare is in-network and whether or not prior authorization is required.

### Medicare and Medicaid

If you are covered by Medicare or Medicaid (Ohio or approved Indiana), we will file your claim for you. If you have a Medicare supplemental policy, upon receipt of payment from Medicare, we will bill your supplemental insurance.

### Uncompensated Care

Uncompensated care is healthcare or services provided by hospitals or health care providers that do not get reimbursed. Uncompensated care is for people without insurance or those who cannot afford to pay for the cost of care.

To see if you are eligible, please fill out the Financial Assistance Program Application. Applications will be reviewed to determine if the patient's/guarantor's income is within the Federal Poverty Guidelines. If all guidelines are met, financial assistance will be provided.

Your discount will be determined according to the income sliding scale in the Wayne HealthCare Hospital Care Assurance & Financial Assistance Policy. Under the policy, no patient eligible for financial assistance is charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to individuals who have insurance coverage. To obtain more information regarding AGB, please contact Wayne HealthCare at the address or telephone number listed on the statement.

### HMO/PPO Insurance & Third Party Indemnity Insurance

If Wayne HealthCare is in-network with your insurance company, we will submit a claim for payment in accordance with the managed care contract. You are responsible for any out-of-pocket deductible, co-insurance or co-payment amounts. If Wayne HealthCare is not in-network with your insurance company, we will submit a courtesy bill to your insurance company; however, the patient will be financially responsible for any unpaid balances.

# PAYMENTS

Insurance co-payments, co-insurance, deductibles and out-of-pocket expenses are to be paid at the time of service. If you are unable to pay any of your co-payments or your out-of-pocket expenses in full, a minimum payment of \$50 is required at the time of service. Payment plans are available for the remainder of the balance.

The cashier or registration clerk will take your co-payment/co-insurance, deductible or out-of-pocket expense after registration is completed. If a patient does not participate in the Financial Assistance Program they are required to pay in full within 30 days unless other financial arrangements have been made. The Emergency Department will request co-pays and a \$50 payment on self-pay patients.

## Prompt Pay Discount

A 25% discount will be offered if an uninsured individual chooses to pay the balance within 30 days. Payment can be made by personal check or by an approved credit/debit card (MasterCard, Visa, American Express, and Discover).

### Payment amounts due at the time of service:

Ambulatory Care	\$250
Cardiopulmonary	\$100
CT Scans	\$100
Emergency Dept.	\$50
MRI	\$100
Nuclear Medicine	\$100
OB Admission	\$100
Pain Clinic	\$100
Pediatrics	\$100
Physical Therapy	\$100
Radiology	\$100
Sleep Lab	\$100
Surgical	\$250
Ultrasound	\$100

**Payments can also be made online at [WayneHealthCare.org](http://WayneHealthCare.org) using a credit card, debit card or checking account.**

## Patient Insurance Billing Tips

Patients are the best advocates for obtaining reimbursement from their insurance company. Here is how you can help to ensure accurate billing and payment:

- Notify the registration staff at the time of service if your insurance coverage has changed.
- Always provide your current insurance card(s) so we can verify that the information we have in our system matches the information on your insurance card(s).
- Know your plan's benefits and exclusions. Benefit plans differ widely between employer groups and only you, as the insured, know the specific information that your plan covers.
- Monitor the activity of your insurance company in making payment for services rendered.
- Insurance companies have 45 days to issue payment. Respond in a timely manner to your insurance company's request for additional information. After 45 days, the balance will be the patient's responsibility.

If you have questions, please call us. Your voice has the greatest impact on claim payment/denial.

# PAYMENT PLANS

Wayne HealthCare offers payment plans to assist you with paying your bill. Payment plans are available to all of our patients to assist with all or part of their expenses. A minimum payment of \$50 is required at the time of service prior to setting up a payment plan that fits your needs. Payments must be made monthly to qualify.

If something changes and you are unable to make a payment, please contact a Financial Counselor to make payment arrangements at **937.547.5770** or **800.589.2963, Ext. 5770**.

## Payment Plans

Amount Billed	Monthly Payment	Number of Payments
\$100 or less	\$25	4
\$101-\$300	\$35	9
\$301-\$500	\$50	10
\$501-\$700	\$60	12
\$701-\$1,000	\$95	12
\$1,001-\$1,500	\$100	16
\$1,501-\$2,000	\$125	16
\$2,001-\$2,500	\$160	16
	\$105	24
\$2,501-\$3,000	\$180	17
	\$125	24

## WHAT A BILL COVERS

### Wayne HealthCare Services

The hospital bill covers the cost of your room, meals, nursing care, laboratory work, tests, medication, therapy and the services of hospital employees.

### Physician Services

You will receive a separate bill from your physician(s) for their professional services.

*Examples: Radiology readings, emergency room physicians, in-patient hospitalists.*

If you have questions about any separate bills, please call the number printed on each billing statement.

**WAYNE HEALTHCARE**  
835 SWITZER ST. GREENVILLE, OH 45331

**PAYMENT SERVICE CARD ONLY (NO DEBIT)**  
VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, CREDIT CARD NUMBER, EXPIRES, BILL DATE, ACCOUNT

**WAYNE HEALTHCARE**  
PO Box 502017  
CLEVELAND OH 44193

**IMPORTANT INFORMATION**  
CHECKS MARKED "PAYMENT IN FULL" MUST BE MAILED TO:  
835 SWITZER STREET  
GREENVILLE, OHIO 45331  
ATTENTION: CREDITING CLERK

**ACCOUNT SUMMARY**

6. Statement Date	mm/dd/yy
2. Patient Name	John Doe
1. Account Number	1234567
3. Admission Date	mm/dd/yy
3. Release Date	mm/dd/yy
5. Service Type	Inpatient
Total Patient Service Charges	\$12,345.00
4. Insurance Payment(s) Received	\$11,234.00
Non-Insurance Payments	\$0.00
7. Your Balance Due	\$1,111.00

**Statement explanation**

- Account number - to reference your account, use this number.
- Patient name or Guarantor name
- Service date(s) - beginning and ending of service.
- Insurance company payment status.
- Service type.
- Statement date - reference this date if you have made a payment.
- Amount due from patient or guarantor.

**REMINDER**  
You may pay your bill online by visiting:  
[www.waynehealthcare.org](http://www.waynehealthcare.org)  
and clicking on the Bill Pay button

**WAYNE HEALTHCARE CONTACTS**

Phone: 8:00 am - 5:00 pm Monday-Friday 855-242-5797	Address: Wayne HealthCare 835 Switzer St. Greenville, OH 45331	Website: <a href="http://www.waynehealthcare.org">www.waynehealthcare.org</a>
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Sample Billing Statement

## Services Billed By Wayne HealthCare

EKG Readings by Dr. Timothy Kathman for Wayne HealthCare Patients	937.547.5770
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## Services Billed By Physician

Dr Timothy Kathman (MedEcon Billing)	937.548.3063
Hospitalists (Hospital Care Group)	260.344.4035
Kettering Anesthesiologists	888.959.4365
Kettering Health Net Radiology	800.210.7345 / 800.401.0913
Ohio Emergency Professionals (ER Physicians Billing)	888.952.6772
Orthopedic Institute of Dayton (Dr. David Seymour)	937.298.4417
Premier Health Specialist (Dayton Heart-echo Reading)	937.277.4274
Reid Physician Billing (Bethel Cardiology-echo Reading)	765.935.8895
Sleep Care Inc	866.320.8989
Union City Medical Center	937.968.7416
Valley Pathology Billing Intentions	800.554.2695
Walk-In Care	937.569.6996
Wayne HealthCare Physiatry (Contact Toni Saunders at 937.569.6406 for billing questions about services previously rendered by Dr. Johnson.)	937.569.6406
Wayne HealthCare Surgeons	937.547.0107
Western Ohio OB/GYN	937.548.5365



# FINANCIAL ASSISTANCE PROGRAM

Patients may be eligible to receive free or discounted care through Wayne HealthCare's Financial Assistance Program.

## How to Apply

To apply for financial assistance, please visit [WayneHealthCare.org](http://WayneHealthCare.org) to download the Financial Assistance Program application. You can also obtain an application in person, by mail, or by fax, by contacting a Financial Counselor at **937.547.5770** or **800.589.2963, Ext. 5770**. Applications can be completed prior to or after service.

Return the completed application form and supporting documents in person, by mail, or by fax to:

**Wayne HealthCare  
Financial Counseling  
835 Sweitzer Street  
Greenville, OH 45331  
Fax: 937.547.5789**

The image shows a sample of the Financial Assistance Application Form. It includes sections for screening information, patient and applicant information, and family information. The screening section contains five questions regarding residency, health insurance, Medicaid/Medicare status, and disability. The patient information section includes fields for name, birth date, social security number, mailing address, and contact information. The family information section includes a table for listing family members.

Financial Assistance Application Form

We will respond to you within 15 days of receiving your completed application and supporting documents. If you have any questions or need additional assistance, please contact Patient Financial Services at **800.589.2963, Ext. 6947** or **937.547.5770**.

Additional information is also available on our website at [WayneHealthCare.org](http://WayneHealthCare.org).

*Note: Emergency physicians, radiologists, anesthesia and EKG reading charges are not a part of Wayne HealthCare's Financial Assistance Program.*

## Financial Assistance Available

Program	Available to	Description	How to apply
Financial Assistance	Uninsured & Insured Patients	Offers free care or discounted care based on family size and income according to the Federal Poverty Guidelines <ul style="list-style-type: none"> <li>• Free care up to 100% FPG</li> <li>• Discounted care 101-200% FPG</li> </ul>	Complete the Financial Assistance Program Application
Payment Plan Program	Uninsured & Insured Patients	Assists patients with their financial obligations by establishing monthly payment arrangements.	Contact a Financial Counselor at 937.547.5770 or 800.589.2963, Ext. 5770
Uninsured Self-Pay Full Payment Discount	Uninsured Patients	Effective January 1, 2019 regardless of date of service. Offers a 25% discount when paying 30 days after receiving statement.	Contact a Financial Counselor at 937.547.5770 or 800.589.2963, Ext. 5770

## Determining Eligibility

The Financial Assistance Application will help us determine if you are eligible for free or discounted services. By completing and signing the form, you acknowledge that you made a good faith effort to provide all information requested in the application to assist Wayne HealthCare in determining your eligibility.

Financial assistance from Wayne HealthCare is secondary to financial resources available to the patient. Resources may include, but are not limited to: insurance, third-party liability, government benefits, support from community agencies, and/or personal resources.

### Free Hospital Services

You and your family may be eligible for free hospital services, if your income falls at or below the federal poverty income guidelines within the last three years. The poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Services (HHS).

To help us determine if you are eligible for free care, please complete, sign, date and return the application along with the statement of income completed. The application is included with the billing statement.

If you report zero income, please provide a brief explanation stating how you are living and if someone else is supporting you. We need to know how long you have been unemployed and if you have applied for Medicaid or a Medicaid program.

## Price Transparency

Wayne HealthCare provides a list of standard charges for items and services offered. To view the charges or to use a cost estimator tool, visit [waynehealthcare.org](http://waynehealthcare.org).

*Disclaimer: The hospital's charges for services are approximated charges based on information provided at the time of estimation and do not include charges associated with physician services for which you will be billed separately. The final amount of the hospital's charge may be different from that shown due to additional tests or procedures performed/ordered by the physician(s) or medical technicians, or due to complications that may arise during the course of treatment. Therefore, the total amount for which you will be responsible may be higher or lower than that stated. You will receive a statement of charges with a reference of payment and/or discount; you may have a balance owed or a refund due.*

# PATIENT FINANCIAL SERVICES

## Billing

937.547.5770  
800.589.2963 Ext 5770  
Monday-Friday | 8:00 am - 4:00 pm

## Central Scheduling/Pre-Registration

937.547.5715  
800.589.2963, Ext. 5715  
Monday-Friday | 7:00 am - 5:00 pm

## Financial Counseling & Payment Arrangements

937.547.5770  
800.589.2963, Ext. 5770  
Monday-Friday | 8:00 am - 4:00 pm

## Cashier's Office

937.569.6284  
800.589.2963, Ext. 6284  
Monday-Friday | 8:00 am - 4:30 pm

## After-Hours Drop Boxes

Location 1: Main lobby drop box – outside of the Cashier's Office  
Location 2: Drive up drop box – at the main entrance pick up area

*Note: Receipts from the payments deposited in the drop boxes will be mailed the next business day.*

## Other Business Office Services

CBS/Accounts Billing System – 855.242.5797  
Keybridge – 800.627.7432  
RBC Inc. – 800.723.6196  
United Collection Bureau/UCB – 800.501.8099



Financial Counseling  
835 Sweitzer Street  
Greenville, OH 45331  
937.547.5770  
800.589.2963, Ext. 5770