

<p style="text-align: center;">EMANUEL MEDICAL  CENTER</p>	<p style="text-align: center;">ADMINISTRATIVE POLICY Billing & Collections</p>	<p style="text-align: center;">Policy Number: 3.06 Origination Date: 01/01/01 Revised Date: 02/22/11 Page 1 of 1</p>
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ENTITIES TO WHICH THIS POLICY APPLIES:

Emanuel Medical Center.

POLICY:

The following guidelines will be used for billing and collections for patients that present to Emanuel Medical Center for services.

1. Non-resource patients will be billed and receive their first statement within 5-10 business days of discharge. The second statement will be sent 28 days from the first statement. A collection letter is sent 28 days from the second statement. If there is no response after the collection letter, the account is then placed with an outside collection agency. Statements are sent every 28 days for those accounts set up on payment terms. Non-resource patients are given a 50% write off on total billed charges.
2. Insurance accounts will have their insurance billed and will not receive a statement until the insurance has paid. All insurance billing and follow up is done internally by hospital staff. All efforts will be made, including appeals if necessary to try to adjudicate the claim in a timely manner. The account will then follow the same collection process as that of a non-resource patient after insurance is exhausted. Insurance patients are given a 20% prompt pay discount for balances paid in full within 30 days of the first cycle statement.
3. Payment arrangements can be made with the hospital to repay debt. Terms are not to exceed 2 years and there is a minimum payment of \$25.
4. After 2 cycle statements and one collection letter (90days) any patient liability owed the hospital that hasn't been paid or terms established will be turned over to an outside collection agency. The collection agencies work the accounts for a period of 9 months or 270 days in which time if there has been no activity on the account it will be returned to the hospital and reviewed for 2nd placement or written off as uncollectible. All Medicare uncollectibles will be returned after 90 days and be placed on the bad debt log (Total time with collections 180 days).
5. 310.2 Presumption of Noncollectibility.--If after reasonable and customary attempts to collect a bill, the debt remains unpaid more than 120 days from the date the first bill is mailed to the beneficiary, the debt may be deemed uncollectible

If requested, an itemized statement of charges will be sent to the patient.