

	Manual	Finance	
	Section (Department)	Admissions, Patient Accounts	
	Title	Uninsured Discount Policy	
	Number		
	Effective Date	08/2009	By: J. Townsend
	Last Revised		By:
	Last Reviewed		By:
	Scheduled Revision Date	08/2012	

I. POLICY STATEMENT

A. Promise Regional Medical Center (Promise Regional) is committed to providing health care services to all persons in need of medical attention regardless of their ability to pay and, to that end, has a Charity Care policy. However, patients that do not qualify for Charity Care will be expected to pay for services. All uninsured patients receiving medically necessary, non-elective, emergency, urgent inpatient or outpatient services will be given an UNINSURED DISCOUNT. The current Uninsured Patient Discount is 40%.

II. DEFINITIONS

A. "Uninsured Patient" means a patient who is responsible to pay a hospital bill that is not covered or discounted by any type of insurance or government program or whose benefits under insurance have been exhausted. In order to qualify as an Uninsured Patient, the patient or the patient's guarantor must verify that the patient is not aware of any right to insurance or government program benefits that would cover or discount the bill. Patients who are offered charity care receive free or substantially discounted services and will not receive the Uninsured Patient Discount. The Uninsured Patient Discount does not apply to co-pays, deductibles or cost shares except under limited circumstances.

III. RESPONSIBILITY

- A. It is the responsibility of the Director of Patient Financial Services to ensure that all Patient Accounts and Patient Access personnel are knowledgeable of this Uninsured Discount Policy and each employee's role in it.
- B. It is the responsibility of each Patient Accounts and Patient Access employee to be knowledgeable of this policy.

IV. PROCEDURE

- A. All patient charges not reimbursed by a third party payer will be the patient's responsibility.
- B. For patients whose bills are covered by a third party payer, Promise Regional will bill the primary and secondary payer. The remaining balance including the deductible, co-insurance and non-covered charges will be the patient's responsibility. Additional discounts will not be offered on the account balance because the third party payer will have applied contractual discounts. Consideration will be given for patients with policies containing large deductibles and/or co-payments or when a patient is covered under a supplemental type policy only.
- C. Patients presenting with third party coverage who later are determined to be self-pay will have the appropriate discount applied to their account once Promise Regional is notified.
- D. To be considered for a discount, an uninsured or underinsured patient must cooperate with Promise Regional by providing information and documentation that they have applied for other existing financial funding sources that may pay for healthcare services, such as Medicare, Medicaid and third party liability. The patient must provide the medical center with financial and other information needed to determine eligibility.
- E. A patient who qualifies for a discount must make a good faith effort to honor the payment plans for the discounted hospital bills. They are responsible for communicating to Promise Regional any change in their financial situation that may impact their ability to pay their discounted bill or to honor the provisions of their payment plans.
- F. Patients confirmed to be uninsured (or their responsible party) would be presented with an Uninsured Patient Information document that provides information on the Uninsured Discount Policy and other available discounts and payment options. This document will outline the process for uninsured discounts and inform the patient of

additional account resolution options, i.e., monthly payments. The patient or responsible party will be asked to sign and date the document at the time of service.

- G.** The Chief Financial Officer will annually review the discount rates to determine appropriateness in relation to amounts paid by government agencies and contracted managed care payers. The review will be conducted at the end of each new fiscal year for rate changes, if warranted, at the start of each new fiscal year. Adjustments to the discount rates along with a proposed effective date will be submitted for approval to ES1 and/or the Board.