

Policy Statement

The purpose of this policy is to outline Parkview Health's guidelines as it relates to the collection of patient accounts. The policy provides information to patients regarding options available for payment, and actions that may be taken in the event of non-payment. This policy applies to all patients who have outstanding balances for services rendered at Parkview Physicians Group, Parkview Home Health, Home Infusion or Parkview Hospice or at any of Parkview's affiliated hospitals. Parkview's affiliated hospitals are defined as: Parkview Hospital Randallia, Parkview Behavioral Health, Parkview Regional Medical Center, Parkview Orthopedic Hospital, Parkview Whitley Hospital, Parkview Huntington Hospital, Parkview Noble Hospital, Parkview LaGrange Hospital, Parkview Wabash Hospital and Parkview Warsaw. This policy has been approved by Parkview Health's Finance Committee.

Definitions of Terms

The **Application Period** for financial assistance is defined as the period that begins on the date the care is provided to an individual and ends on the 240th day after the individual is provided with the first billing statement for care.

Procedure

A. Elective Services

Elective Services are payable prior to or at the time of service.

B. Non-Elective Services

Insurance will be filed as a courtesy to the patient. Payment of the self pay portion may be requested upon discharge. Unless otherwise prohibited by contract, the patient will be billed for any unpaid balances within 60 days of the insurance billing.

1. Patients/guarantors will be sent no less than three monthly statements.
2. Three payment options are available to patients.
 - a. Payment option one: Patients who are not Parkview employees or dependents of Parkview employees are eligible for a 10% discount (on hospital services only) if the full balance can be paid within 27 days of the first guarantor statement.
 - b. Payment option two: Interest-free payments with pay-out not to exceed twelve (12) months are available. The minimum monthly payment is \$25.
 - c. Payment option three: The option of a low interest loan is available with the same discount offered for cash payments as long as the loan is arranged within 27 days of the first guarantor statement. If the patient defaults on the loan, the discount will be reversed and the patient's account will be placed in a collection agency.
 - d. Financial assistance may be available for those patients who cannot pay their bill. The options for assistance include governmental programs or free care through the hospital Financial Assistance Policy. The Financial Assistance Policy is available on Parkview.com or by visiting any hospital cashier office or by calling Patient Accounting at 260-266-6700 or toll free 855-814-0012. A patient may apply for financial assistance anytime during the Application Period. A Plain Language Summary (PLS) of the Financial Assistance Policy and application process will be included in each statement sent to the patient.

C. Actions Due to Non-Payment

1. Failure to make arrangements as listed in B above or failure to apply for and receive approval under the Financial Assistance Policy may result in the account being placed in a collection agency due to non-payment.
2. The collection agency may report the account to one or all three credit reporting agencies which may ultimately adversely affect the patient's credit score. Additionally, the collection agency may sue and obtain a judgment against the patient for non-payment. These actions will not occur until 120 days after the patient is sent their first follow-up statement indicating the amount they owe.
3. A patient may apply for financial assistance at any time during the Application Period, even though they have been placed in a collection agency. If the patient was sent their first notice on the account for which they are applying for free care between 120 and 240 days before their application, the actions in C, 2 above will be suspended until the free care application eligibility is determined.