



# POLICY

<b>POLICY NAME: FP – Patient Payment &amp; Financial Assistance Policy</b>	<b>DRAFT DATE: April 19, 2024</b>
<b>BOARD APPROVAL DATE (s): April 22, 2024</b>	<b>REVISION DATE:</b>
	<b>EFFECTIVE DATE:</b>

## **POLICY:**

1. The facility will bill the patient's insurance as a courtesy.
2. The patient or responsible party is ultimately responsible for paying the bill, even in circumstances where reimbursement is not made at initially verified levels. This policy must be effectively communicated during financial counseling.
3. The facility seeks to collect 100% of all copays, coinsurance and deductibles at the time of visit.

## **COMMERCIAL POLICIES - KEY POINTS:**

1. Any co-pay amounts not covered by insurance are to be paid on the date of service unless other payment arrangements are approved by the administrator or designee.
2. If the insurance has not paid within sixty days from the date the claim was filed, the account balance is immediately due in full.
3. The facility will refund to the patient any overpayment to the patient within 30 days of final commercial payments on account.
4. Patients refusing to sign for his/her responsibility will be required to pay in full at the time of services. Patients may be referred to the Business Office Coordinator or Administrator with any questions.
5. Co-payments will not be waived.
6. All payments received will be recorded on the daily cash receipts log and patients should be given a receipt.
7. The routine waiver of copayments and deductibles or discount thereof will not be permitted for commercial pay or government pay patients.

## **SELF-PAY PATIENTS:**

If patients are not insured by a plan we are in network with or uninsured, they will be considered a self-pay patient. Payment is expected in full at time of surgery. In order to make our services accessible to patients without healthcare coverage, we offer a 30% discount for self-pay patients if they are prepared to pay for services in full at time of service rendered.

## **FINANCIAL ASSISTANCE**

Patients unable to pay the entire amount that is due at date of service may be eligible for the following arrangements:

1. Balance or deductible due exceeds \$1500 or less, the patient must pay 50% at admission with the remaining 50% due in 30 days.
2. Balances due exceeding \$1501.00 the patient must pay 50% at admission, 25% in 30 days and the remaining 25% due in 60 days.
3. Any arrangement longer than 60 days must be approved by the Administrator.
4. All payment plans must complete a signed payment arrangement and promissory note.

Southeastern Surgery Center also offers Care Credit to patients interested. Patients may request an application at our front desk, with our Business Coordinator or online at [CareCredit.com](http://CareCredit.com).

The intent of this policy is to provide fair relief to the patients who are in financial need.

