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| Policy Title: Personal Pay Policy | | Policy No: PFS 003 |
| Originating Department: Patient Access Services | Affected Departments or Scope: All Departments | |

PERSONAL PAY POLICY

OBJECTIVE:

To inform patients of their financial obligation of personal balance as self-pay or after insurance responds.

PURPOSE:

The purpose of this policy is to establish written criteria for collection of personal balances after insurance or personal balances due to no insurance coverage or previous bad debt.

GOAL:

The core goal of the organization is to provide quality health care for the patient. Our financial services goal is to assist patients through individual counseling to establish a mutual agreement between both parties for payment on personal balances.

PROCEDURE:

- 1) Patients who have insurance coverage in or out of network or who have submitted active insurance cards:
 - a. Pinehurst Surgical will file charges to the insurance carrier(s) as a courtesy for reimbursement.
 - b. Patients are expected to pay co-pay(s) and/or co-insurance at the time of service for office visit(s), test, or office procedures.
 - c. Expected out-of-pocket co-pay(s) and co-insurance for surgery must be paid in advance of surgery. Pinehurst Surgical will accept major credit cards i.e. Visa, MasterCard, Discover or American Express.
If a patient does not have a major credit card, the following are three options for the patient;
 1. Pinehurst Surgical will request that the patient apply for Care Credit to pay for services rendered. If the patient is denied by Care Credit, there are two additional options for the patient
 2. The patient can make a 20% down payment up front and the balance is transferred to First Point's EBO Payment Plan division who will manage the account
 3. In the event the patient cannot make a down payment, the balance is transferred to First Point's Mosaic Payment program where an interest rate of 5% will be charged.

Note: If a patient cannot or will not set up a payment plan due to financial constraints, See (5)(a-b).
 - d. **High Deductible Plans**-Patients with high deductible plans who have not met their deductible and are in network with a "high deductible" insurance plan as defined by the IRS for the current year will be expected to pay \$150 up front at check-in prior to seeing their provider. Pinehurst Surgical Clinic will file all charges to the insurance carrier as a courtesy and the patient will be billed for the remaining balance. If the patient requires surgery, or an in-office procedure (see 1(c)).
- 2) Patients who do not have insurance coverage:
 - a. Self-pay patients accounts are discounted 30% up front at check-in. If a provider wants to give an additional discount based on their patient's financial hardship situation, then the provider agrees to accept the Medicare allowed fee for all charges incurred and will advise the Financial Counselor who will note the account.
 - b. Self-pay patients have the following payment options: cash, check, credit card, Care Credit or payment plan.
 - c. Payment in full is expected or payment agreement based on section #1 of this policy.
 - d. If payment in full is received the day the services are rendered then the patient will receive a 30% discount off all charges billed.




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- 3) Patients who have HRA (Health Reimbursement Accounts):
 - a. Pinehurst Surgical will collect 20% of each charge allowable and collect at time of service.
- 4) Patients who require assistance through our Financial Counselors for unpaid previous balances, bad debt, collections, and are incurring current charges:
 - a. Pinehurst Surgical will accept major credit cards i.e. Visa, MasterCard, Discover or American Express.
 - b. If patient does not have a major credit card, See (1)(c).
- 5) Patients who are unable to comply and establish a payment plan:
 - a. Patients are expected to apply for Medicaid at their local Department of Social Services in their county of residence. Medicaid Applications are available from the Financial Counselors to assist patients with the Application process. The patient will provide a copy of letter of approval or denial for their Medicaid application to Pinehurst Surgical.
 - b. If a patient refuses to set up a payment plan or see an outside agency for assistance:
 - i. The Financial Counselor will have the authority to consult the physician to discuss if the patient's medical condition warrants that day's visit to be rescheduled.
 - ii. The Financial Counselor will direct the patient to the physician's secretary for rescheduling, if necessary.
- 6) If a patient does not set up a payment plan initially with Pinehurst Surgical, they will receive one initial statement and then two additional statements:
 - a. If no payment is made on the account by day 75, the patient's account will be transferred to First Point EBO (Extended Business Option) for payment plan set-up as a first level of collection. All Payment Plan defaults or those accounts First Point was unsuccessful in securing a payment plan will be reported to PSC on a monthly basis. These accounts will be given to the Department Managers to review with their physicians to determine the specific accounts that they approve to be transferred to collection or written off to Bad Debt following the schedule below. Those departments that choose to approve their own collections will have 14 days to do so, or they will automatically be transferred to Collection.
 - General Surgery- All Providers approve their own collections; -\$50 and under are written off to Bad Debt
 - Vascular Surgery-The Department Manager approves accounts to be sent to collections-\$50 and under are written off to Bad Debt -
 - Orthopedics- All Providers approve their own collections--\$50 and under are written off to Bad Debt
 - Plastics-\$50 and under are written off to Bad Debt- all others transferred to collection
 - ENT-\$50 and under are written off to Bad Debt- all others transferred to collection
 - Mohs--\$50 and under are written off to Bad Debt- all others transferred to collection
 - WCC-\$50 and under are written off to Bad Debt- all others transferred to collection
 - Urology-\$50 and under are written off to Bad Debt- all others transferred to collection
 - Ophthalmology-\$50 and under are written off to Bad Debt- all others transferred to collection
 - PT-Department Manager approves accounts to be sent to collections_ \$50 and under are written off to Bad Debt- all others transferred to collection unless otherwise instructed by the Department Manager.
 - b. Once accounts are approved for collection and processed in Athena, they are sent to First Point for handling.



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