



TCLMH, Inc.

Trego County Lemke Memorial Hospital

Approved by

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*B Newcomer*

Administrator: David Augustine

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**PURPOSE:**

To provide guidelines for billing and collection activity to maintain a sound financial position, thus affording the hospital necessary resources to maintain the best health care services possible to our service area.

**POLICY:**  
[Dept]

Credit and Collections  
Business Office

**PROCEDURE:**

**Registration:**

Patients will be pre-registered whenever possible. Patient registration will obtain all necessary information which may be pertinent and valuable to the follow-up and collectability of the account, which will include a copy of all insurance cards and driver's license, if available.

**Insurance:**

All services rendered are charged to the patient, not to an insurance company. The patient is responsible for all charges, regardless of insurance coverage. The filing of claims with the insurance company in no way relieves the patient of his or her obligation.

Proof of insurance coverage is required upon registration or pre-registration, and the patient will be requested to assign benefits to the hospital at the time of service. If a patient's insurance cannot be verified, the patient will be responsible for their bill. The hospital will bill all insurance companies in a timely manner. All insurance claims unpaid after 90 days will become the patient's responsibility and become due per the payment schedule for accounts.

**Pre-Admission Certification:**

Any patient with requirements from the insurance carrier for pre-admission certification for in-patient, Outpatient, or Emergency Services are required to contact their insurance carrier prior to admission.

If a patient fails to notify the hospital of pre-admission certification needs, any increase in deductible/coinsurance from the insurance carrier will be the patient's responsibility. Any remaining balance from the inpatient, outpatient, or emergency service is due based on the payment schedule.

**Co-pay, Deductible and Co-Insurance:**

Deductible, Co-Pay and/or Co-Insurance will be collected at the time of service as dictated by the individual insurance policy. In the event this amount cannot be verified, Trego County-Lemke Memorial Hospital (TCLMH) patients will be required to pay a \$100 co-pay and WaKeeney Family Care Center (WFCC) and Ellis Family Care Center (EFCC) patients will be required to pay a \$40 co-pay at time of service. If full payment of deductible, co-pay and/or co-insurance cannot be paid, arrangements must be made with the business office prior to service.

If the amount collected exceeds final patient responsibility, the overpayment will be applied to the oldest patient/guarantor's outstanding account balance. If no other outstanding account balance exists, the credit will be refunded to the patient/guarantor.

Medicare:

Patients must present proper Medicare identification and supplemental insurance cards at the time of service. Supplemental insurance will be filed after Medicare payment has been received. Any co-insurance, deductibles, and non-covered items that are not paid by insurance are the responsibility of the patient. Any remaining balance is due based on the payment schedule.

Kan Care:

Patients are required to present the current KanCare identification card at the time of service. If the patient has other insurance coverage, KanCare will be billed as supplemental insurance. Any co-pay amounts are due at the time of service. Any remaining balance, including spend down balances, will be due based on the payment schedule.

Auto Accident/Worker's Compensation/Liability Insurance:

Most health insurance companies now exclude payment for any benefits which may be covered by auto insurance, worker's compensation, or any other liability coverage. If an injury is the result of an auto accident, workplace accident or other accident where other liability coverage may exist, please notify the business at the time of treatment. The hospital will bill all liability insurance companies in a timely manner. All insurance claims become the patient's responsibility if unpaid after 90 days of filing the insurance claim. All balances not covered by the insurance become due per the payment schedule for accounts.

Veteran's Administration:

VA patients must have prior authorization from the VA for all hospital services. VA has defined some emergencies which are excluded from the prior authorization requirement. Authorization for services is the patient's responsibility.

**Non-insured Patients:**

Payment in full is required at the time of service or arrangements must be made, prior to service, with the business office for payment options. In the event a payment option is approved, a minimum co-pay will be collected at the time of service. Trego County Lemke Memorial Hospital (TCLMH) patients will be required to pay a \$100 co-pay, WaKeeney Family Care Center (WFCC) and Ellis Family Care Center (EFCC) patients will be required to pay a \$40 co-pay at time of service. Treatment will not be delayed awaiting co-pay for patients in emergency situations in accordance with EMTALA regulations.

Any charges incurred by patients without insurance coverage will be due based on the payment schedule. These patients are eligible for financial assistance and applications are available upon request.

**Payment Schedule for Accounts:**

All accounts are due and payable in full within 30 days of the first billing.

Only upon patient or guarantor request, a 15% Prompt Pay Discount will be given on the patient balance due if it is paid in full within 30 days of the first billing. Long Term Care, Assisted Living, and Policy Co-Pays (which must be paid in full at time of the service) are not eligible for the Prompt Pay Discount.

If payment in full is not possible, the following minimum payment requirements are acceptable and will be considered an informal payment contract:

<b>Account Balance</b>	<b>Balance Due</b>	<b>Minimum Monthly Payment</b>
\$100 and under	30 days	Payment in full
\$101 - \$300	3 months	\$50 or 1/3 of total owed, whichever larger
\$301 - \$600	5 months	\$75 or 1/5 of total owed, whichever larger
\$601 - \$1,500	7 months	\$100 or 1/7 of total owed, whichever larger
\$1,501 - \$2,400	10 months	\$175 or 1/10 of total owed, whichever larger
\$2,401 - \$5,000	15 months	\$200 or 1/15 of total owed, whichever larger
Over \$5,001	18 months	\$300 or 1/18 of total owed, whichever larger

Cash, Checks, VISA, DISCOVER, AMERICAN EXPRESS or MASTERCARD are accepted. Electronic payments may be completed online at [www.tclmh.org](http://www.tclmh.org), phoned in to the business office, or made in person at the business office. A recurring electronic payment may be set up by contacting the business office.

Each visit to the hospital or clinic initiates a patient bill and financial arrangements should be made for each bill. Patient bills can be combined for payment, with proper arrangements made with the business office. If a payment is missed, the account may be turned over to an outside agency for collection.

Under Kansas Law, both parents are responsible for bills incurred by their minor children and we expect to be provided with complete information on all parties. We retain the right to charge for extra copies of bills or insurance forms.

#### **Formal Payment Plan:**

If the minimum monthly payment, as listed above, cannot be met, please contact the business office to set up a Formal Payment Plan personalized to your financial ability.

#### **Detail Bills**

Detail bills are available upon request.

#### **Statements:**

Statements will be sent on a 30-day cycle to all accounts in self pay status.

The first statement is mailed within 30 days of the account converting to a self-pay basis and will include a "True Self Pay" or "Self-Pay After Insurance" notice. A copy of Appendix A, along with a Recurring Electronic Payment Authorization form, will be included.

The second statement without payment will include a "No Pay #1" notice. A copy of Appendix A along with a Recurring Electronic Payment Authorization form, will be sent with this statement.

The fourth month without payment, the statement will be printed on colored paper and will include a "Collections" notice. A Final Notice (Appendix B) will be included indicating that failure to make payment or contact with the business office by specified date, will result in past due accounts turned over to another source for collection.

If a formal or informal payment contract has been entered, failure to make any scheduled payment will result in one additional attempt to collect the arranged amount. Failure to resume scheduled payments will result in the account being turned over to another source for collection.

All statements that are returned for address unknown or no forwarding address will result in the account being immediately turned over to another source for collection.

**Accounts Deemed Uncollectable:**

A list of uncollectable accounts, as per the agreement with the current collection agency, will be requested from the collection agency and written off monthly as per the approval and authorization level as follows:

**Amount to be written off:**

- a. \$0 to \$5,000
- b. \$5,001 or greater

**Prior Authorization:**

CFO or Administrator  
Administrator

**Uncompensated Services/Financial Assistance Policy:**

Trego County Lemke Memorial Hospital will render care to those patients without financial resources to pay. Those patients who qualify for full or partial financial assistance will be treated with the same courtesy that all patients receive. Applications for financial assistance will be provided to patients upon request.