

**Scope**

All registration and billing staff, director of admissions and chief financial officer

**Policy**

This Policy applies to all Uninsured Patients receiving emergent and/or medically necessary care rendered at an OrthoIndy Hospital (“Hospital”) facility. “Uninsured Patients” are defined as all persons who are uninsured or do not otherwise qualify for any governmental or private program that provides coverage for any of the services rendered.

**Procedure**

- A. All patients who have been identified as uninsured are expected to pay 25 percent of estimated total charges at time of service.
- B. All Uninsured Patients presenting for services at a Hospital facility shall not be charged more than the amounts generally billed (AGB).
- C. AGB is the amount generally billed for emergent or other medically necessary care to individuals who have insurance covering such care. With respect to the AGB, Hospital shall:
  - 1. Calculate a separate AGB for inpatient and outpatient services.
  - 2. Report the AGB percentage in the form of a discount from the total billed charges.
  - 3. Update by recalculating the AGB annually with the update being made effective July 1<sup>st</sup> of each year.
- D. The AGB inpatient or outpatient percentage discount, as is applicable to the service, shall be granted automatically and does not require the patient/guarantor’s request.
- E. The application of an AGB discount to an Uninsured Patient’s account does not prevent that patient from requesting assistance under the Hospital’s Financial Assistance policy.
- F. This Policy does not cover services rendered by individual providers during an inpatient or outpatient service.
- G. Patients with outstanding balances can request financial assistance through our financial assistance program. The statement cycle will allow 90 days for patients to pay an outstanding balance owed to the Hospital (120 days for Medicare patients). Extensions beyond these time frames mandate formal payment arrangements be established.
- H. Patients will be allowed to schedule payment arrangements prior to or after services are received at the Hospital. If payment arrangements are not made, payment in full is expected.
- I. All uninsured Patients will be required to pay a deposit at or prior to services.
- J. Payment options are:
  - 1. Cash
  - 2. Money order
  - 3. Certified check
  - 4. All major credit cards
  - 5. Debit card
- K. Payment arrangements may be made for all uninsured balances at a maximum term of 24 months.
  - 1. All balances less than \$500 shall be paid in 12 months or less. Accounts with balances over \$500 shall be paid within 24 months.
  - 2. Payment arrangements may be extended longer than 24 months upon chief financial officer’s approval.
  - 3. Patient must make consistent monthly payments or provisions of the Hospital’s Financial policy will be followed.
- L. All discounts over the AGB will need prior approval according to the following guidelines:

Up to \$25,000	Subcontracted Director of Reimbursement
\$25,000 & Up	Chief Executive Officer or Chief Financial Officer