

Subject: Uninsured Patient Policy

Reference # PFS 0009

Department: Patient Financial Services

"Say what you do, do what you say" - A.A.M.C.

Purpose:

In order for Abbeville Area Medical Center (AAMC) to maintain a strong financial position, it is necessary to implement and adhere to established collection policies. The policies and procedures listed below enable AAMC to remain a viable healthcare provider.

Policy:

AAMC will offer the uninsured patients an aggressive discount policy. The uninsured policy will allow a 40% discount on hospital services only.

Procedure:

Financial Screening:

1. The Insurance Specialist will inform the private pay patient of this policy at the point of contact.
2. The Registrars will inform the private pay patient of this policy at the point of registering.

- o Outpatient Registrar will ask if the patient wants to apply this policy.

If yes, the Outpatient Registrar will

- call the receiving department(s)
- fax an order with the patient's account# on the order to the department(s)
- the department(s) enter the charges prior to the service(s)

If no, the Outpatient Registrar will

- note the account and give PFC business card

- o Emergency Department Registrar (after the medical screening) will ask if the patient wants to apply this policy.

If yes, the ED Registrar will:

- Before 5 pm-Monday-Friday, refer the private pay patient to the Patient Financial Counselor.
- After 5 pm-Monday-Friday, Weekends, Holidays, give the private pay patient the Patient Financial Counselor's business card to follow up with counselor next business day in order to be eligible for this policy.

If no, the ED Registrar will

- note the account and give PFC business card

The Patient Financial Counselor will:

- contact the appropriate department(s) to ensure that charges have been entered
- apply the discount and issue a receipt to the patient
- remind the private pay patient that this policy only applies to the hospital services—only

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3. The Patient Financial Counselor, Cashier, and/or Registrar will:
 - a. apply the discount and issue a receipt to the patient
 - b. remind the patient that this policy only applies to the hospital services—only
 - i. Radiology services may receive bill from vRad
 1. If additional views are required, inform the patient of his/her additional financial obligation.
 - ii. Laboratory services may receive bill from Pathology
 - iii. Laboratory services requiring reflex test to expect additional charges
 1. If reflex test are required, inform the patient of his/her additional financial obligation.

The following guidelines should be used to select the appropriate discount amount for our private pay patients:

1. 40% discount, if paid in full, on the day of service(s)
2. 30% discount, if paid in full, within five (5) of the discharge date
3. 20% discount, if paid in full, within 30 days of the discharge date
4. 10% discount, if paid in full, within 45 days of the discharge date