

BILLING & COLLECTIONS POLICY

The purpose of this Billing & Collections Policy is to describe Amery Hospital & Clinic's ("Amery" or "Hospital") approach to obtaining payment for care provided to patients. In the event of nonpayment, the Hospital is committed to making reasonable efforts to determine whether a patient is eligible for financial assistance before initiating collection actions. The Hospital's Patient Financial Services Department has the authority and responsibility for determining whether the Hospital has made reasonable efforts to determine whether an individual is eligible for financial assistance and whether the Hospital is authorized to engage in specific collection actions described in this Billing & Collections Policy.

ACTIONS THE HOSPITAL MAY TAKE TO OBTAIN PAYMENT

Amery may engage in collection activities for purposes of obtaining payment for care. Certain collection activities are more significant than others and require specific written notice to patients, as described in this Policy. However, the Hospital is not required to provide written notice to patients when engaging in less significant collection activities.

The Hospital **is not** required to provide notice to patients before engaging in the following collection activities:

- Sending patient billing statements that include current and past due dates
- Attempting to negotiate a settlement of the amount owed
- Referring a patient account to a third party debt collection agency or law firm
- Sending letters or making phone calls, either from the Hospital, the Hospital's collection agency, or other agent of the Hospital



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Amery is required to provide notice to patients before engaging in the following collection activities, also called Extraordinary Collection Actions (“ECA’s”) :

- Commencing a legal proceeding, by the Hospital, the Hospital’s collection service or the Hospital’s law firm, which may include:
 - Small claims/conciliation court
 - Seizing a bank account or other personal property
 - Garnishment of wages
- Denying, deferring, or requiring payment before providing future care
 - The Hospital will never deny emergency care due to nonpayment for previous care and the Hospital will comply with all requirements of the Emergency Medical Treatment & Labor Act (EMTALA)

EFFORTS TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE

Applications and Notifications:

Amery will accept and process applications for financial assistance beginning on the date the care was provided to the patient and ending **240 days** after the first post-discharge billing statement. The Hospital will take steps to notify patients about the Hospital’s Financial Assistance Policy and will not engage in Extraordinary Collection Actions for at least **120 days** from the date of the patient’s first post-discharge billing statement. If the patient’s account involves multiple episodes of care, the Hospital will not engage in collection actions for at least **120 days** from the first post-discharge billing statement for the most recent episode of care.

At least **30 days** before the Hospital takes certain collection action for nonpayment, the Hospital will do the following:



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- Provide a written notice (most often a letter mailed to the patient's last known address) informing the patient that:
 - Financial assistance is available for eligible individuals
 - The Hospital may take certain collection actions to obtain payment
 - The Hospital may begin certain collection actions 30 days after the date of the letter notice
- Enclose a plain language summary of the Hospital's Financial Assistance Policy with the notice letter
- Attempt to contact the patient by phone , letter or in person to verbally notify the patient of the Hospital's Financial Assistance Policy and how the patient may obtain assistance with the application process

If Amery decides to defer or deny care due to nonpayment for prior care, the Hospital will do the following:

- Provide the patient with a written notice that includes:
 - A Financial Assistance Policy and application form
 - A statement that financial assistance is available for eligible individuals and a deadline after which the Hospital will no longer accept financial assistance applications for the patient's prior care
- Process, on an expedited basis, any application for financial assistance received by the patient before the deadline

Incomplete Applications:

If Amery receives an application for financial assistance that is incomplete or deficient, the Hospital will do the following:

- Suspend any current Extraordinary Collection Actions
- Provide the patient with a letter notice describing the additional information or documentation that must be submitted before the application can be processed and how to contact the Hospital to do so
- If a patient completes an application for financial assistance within the Hospital's application period, the Hospital will promptly make a determination as set forth in the Complete Applications section below.



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Complete Applications:

If Amery receives a complete application for financial assistance during the Hospital's application period, the Hospital will do the following in a timely manner:

- Suspend any current Extraordinary Collection Actions
- Make a determination of financial assistance eligibility and the basis for the determination
- If the Hospital determines that a patient is eligible for financial assistance, the Hospital will do the following:
 - If the patient is eligible for discounted (and not free) care, the Hospital will provide the patient with a billing statement that indicates how the amount was determined and information regarding the Hospital's financial assistance calculations
 - Refund any amount the patient has paid for the care that exceeds the amount for which the patient is determined to be personally responsible
 - Take all reasonably available measures to reverse any collection actions that may have been initiated against the patient

Presumptive Eligibility Determinations:

The Hospital may make presumptive eligibility determinations for financial assistance. This means that the Hospital may determine that a patient is eligible for financial assistance based on information the Hospital already has, without obtaining additional information directly from the patient. If the Hospital presumptively determines that a patient is eligible for financial assistance, but eligible for less than the most generous assistance, the Hospital will do the following:

- Notify the patient of the determination and inform the patient about how to apply for more generous financial assistance
- Give the patient a reasonable amount of time to apply for more generous assistance
- Process a completed application for more generous assistance as described above in this Billing & Collections Policy