



Billing and Collection Policy for Self-Pay Accounts Receivable Balances & Patient Balance After Insurance Payment

Purpose

To establish policy and procedures for billing and collecting for patient self-pay account receivable balances and patient balance after insurance payment.

Policy

Steward CBO staff will follow this established protocol and hierarchy for billing and collecting self-pay balances and balances after insurance payment on accounts receivable. All efforts to collect an account are documented on the patient's electronic account file.

Prior to billing and collecting self-pay balances, in accordance with applicable policies, a review will be completed to determine if the account qualifies for Financial Assistance (Low Income Adjustment/Charity), Uninsured Discount, or State or Local Coverage. All patient account balances will follow this policy for all payors.

The collection process will be a duration of time of approximately one year using a combination of Pre-Collection Vendor and Collection Agencies.

Accounts will be placed with a pre-collection agency for at least 120 days from the date of the first bill requesting payment from the patient to collect the account receivable (unless certain exceptions apply). The first bill must be sent within 120 days from the insurance payment.

Unpaid balances after the pre-collection agency cycle will be placed with collection agencies or attorneys to pursue the account receivable balance for approximately one year from date of discharge. Additionally, collection agencies will continue collection efforts for at least 120 days from the date of the last patient payment. The Collection Agency will return the account to Steward at the conclusion of this process and no further collection efforts will be made after accounts are returned.