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## Billing and Collections Policy

**POLICYNAME: Billing and Collections**  
**Effective Date: December 1, 2024**

**POLICY STATEMENT:** In keeping with our purpose-*Inspire health. Serve with compassion. Be the difference.* Prisma Health is committed to providing education to patients and guarantors regarding billing and collection practices of Prisma Health. This includes financial assistance for those who cannot pay all or a part of their bill.

A further responsibility of Prisma Health requires it to generate sufficient revenues to provide high-quality patient care and to maintain a sound financial position. Because the primary source of operating revenue for Prisma Health consists of collections for services rendered to patients, it is imperative that reimbursement from patients or other responsible parties be optimized. To keep hospitalization costs at a minimum for the community, Prisma Health has adopted this policy.

All facilities of Prisma Health are available to patients without regard to race, color, religion, age, sex or national origin, or any other discriminatory differentiating factor. Emergency services will not be denied because of an inability to pay. Satisfactory financial arrangements are required before elective services are rendered. Elective cases without satisfactory financial arrangements may be deferred with physician consent.

### PROCEDURE:

#### 1. BILLING PROCESS:

- a. Prisma Health offers options for both uninsured and underinsured patients who do not qualify for financial assistance, to assist them in paying their bill. Representatives can help patients arrange payment plans for any remaining balances of bills not covered under insurance or financial assistance.
- b. During the 120 days following the first notice, patients will be contacted by Prisma Health at least three times by billing statements and/or phone calls reminding them of their bill(s). During this 120-day period, patients are expected to pay their bill(s) in full, set up a payment plan and/or apply for financial assistance.

- c. Bills not paid or set up on payment plans within 120 days after the first billing date may be reported to credit agencies, placed with a collection agency or attorney. Patients may apply for financial assistance during the collection process by contacting Customer Service.

#### 2. PAYMENT PLAN OPTIONS:

- a. Prisma Health-Blount Memorial Hospital offers hospital patients and physician practice patients options for payment when financial assistance (hospital charity/hospital sponsorship) is not available:
  - i. Patients may contact Customer Service for details.

#### 3. BILLING STATEMENT CYCLE:

- a. The statement cycle will be measured from the first statement sent to the patient (date sent) and include the following:
  - i. Subsequent statements sent to the patient/guarantor in 30 days increments to derive at the statement process:
    1. 1st – Date of first statement
    2. 2nd - 30 Days after first statement
    3. 3rd - 60 Days after first statement
    4. 4th – 90 Days after first statement and includes notice of submission to collection agency if amounts left unpaid or Hospital Financial Assistance application has not been received. Reasonable efforts are made to orally notify individuals about the financial assistance policy and how to obtain assistance with the process for applying.
    5. 5th – 120 Days after first statement – Submission to collection agency (letter sent from collection agency), subject to the provision of this policy
    6. A secondary collection agency may be used, subject to the provisions of this policy

#### **4. UNINSURED DISCOUNT:**

Uninsured patients will receive an uninsured discount. This discount will show on the first statement. The discount does not apply to package pricing. The discount will not apply to any accounts related to an accident until it is confirmed that there is no liability or insurance coverage. Uninsured patients eligible for financial assistance under this policy will receive an uninsured discount plus any additional discount required to equal the AGB.

Prisma Health Revenue Cycle Administration has final responsibility for outlining processes ensuring the hospital facility has made reasonable efforts to determine whether an individual is financial assistance eligible before engaging in extraordinary collection actions (ECAs).