



CREDIT POLICY

Ferry County Public Hospital District #1 hereafter will be known as the District.

The District expects the Patient/Responsible Party to be responsible for payment of services rendered.

The Patient/Responsible Party is required to update or fill out a personal information sheet at each time of service. Patient information and account information will be kept confidential.

In case of Divorce, the party responsible for the account prior to the divorce or separation remains responsible for the account. After divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree required the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

The Patient/Responsible Party is required to present all insurance cards and or State coupons at each visit.

The cards will be verified and/or copied at each visit.

Patients/Responsible Party will be required to pay their co pay at time of service.

For the convenience of the Patient/Responsible Party, the District will accept VISA/MasterCard payments.

A fee of \$25.00 (or current treasurer's office fee) will be charged to the Patient's account for any checks returned by the bank. The District will notify the Patient/Responsible Party that the check was returned and the fee was added to their account.

Financial Assistance is available at the District. Applications and information will be included with discharge planning from the hospital care and emergency room services. Notice of availability of Financial Assistance will be included on all statements sent from the District. Financial Assistance applications will be available at all times in all public and patient treatment areas and may be filled out for services rendered at any time. Signs will be posted prominently in public areas of the District.

The District will bill insurances for the Patient, based on information provided by the Patient/Responsible Party.

It is the responsibility of the Patient/Responsible Party to monitor all claims with their insurance company after the initial billing. All insurance policies are agreements between the company and the individual, not the insurance company and the District.

A first itemized statement of charges for services received from the District will be sent to the Patient/Responsible Party after the charges are finalized. This is not a bill and is intended for information only.

Statements of charges, payments, insurance payments and adjustments will be sent to the Patient Responsible Party on a monthly basis.

Statements of charges owing will not be sent to Patients Responsible Party with Medicaid Healthy Options, Medicaid, and Labor and Industries. The charges will be sent directly to Medicaid Healthy Options, Medicaid and Labor and Industry as per RCW 70.02.

A Patient Responsible Party with insurance coverage upon request will be given a 5% discount for payment in full, after receiving a statement reflecting the insurance payment.

An uninsured Patients Responsible Party will receive a statement of account balance due. If payment in full is received within 30 days of the statement date a 15% discount will be given.

If the Patient Responsible Party is unable to pay in full within 30 days of the statement date a Payment Plan must be arranged with the Patient Account Representative.

A payment plan is an agreement between the Patient Responsible Party and the District for the purpose of payment of accounts. The Patient Account Representative will set up a payment plan using the District Notes Receivable payment scale. Exceptions to the payment plan must be approved by Administration. See attached contract and payment scale.

If a payment on the payment plan agreement is missed or reduced, the patient must notify the Patient Account Representative prior to the due date. If the agreement is breached, the account will be reviewed by Administration and may be referred to a Collection Agency.

An account becomes delinquent when there is no response or activity after receiving three statements by the Patient/Responsible Party, the District will take necessary steps to collect this debt by referring the account to a Collection Agency.

If an account is referred to a Collection Agency the Patient/Responsible Party will pay all of the collection costs which are incurred. In case of suit the Patient will pay costs of lawyer's fees and court costs. The venue shall be in Republic Washington. When an account is referred to a Collection Agency or there is litigation in Court, the patient account may become a matter of public record.

The Collection Agency collection practices/process/business plan/complaints will be reviewed by the District annually.

Patient Information and account information will be kept confidential. Credit Policy will be included in the Admission Packet.