



520 East 10th • P.O. Box 187 • Superior, NE 68978

## FINANCIAL POLICY

Thank you for choosing Brodstone Memorial Hospital (BMH) as your primary care provider. We are committed to providing you with quality and affordable health care. The ability of Brodstone Memorial Hospital to achieve this commitment depends greatly on your understanding of our financial policy. If you have medical insurance, we will file insurance claim forms on your behalf. We do this as a courtesy to our patients, and are eager to help you receive the maximum allowable benefits from your insurer. Even though we file insurance claims for you, we need your active participation in the insurance claims process.

Insurance: Patient Financial Services will bill state, federal, and contracted insurance plans. Other payment sources will be billed whenever the patient provides necessary data. We must obtain a copy of your valid insurance card to verify insurance coverage. If you fail to provide us with the correct insurance information in a timely manner, you are responsible for the balance of your bill. Knowing your insurance benefits is your responsibility as this is a contract between you and your insurance company; we are not part to that contract. Please contact your insurance company with any questions you may have regarding your coverage.

Co-Payments and Deductibles: All co-payments and deductibles must be paid at the time of service. This arrangement is a part of your contract with your insurance company.

Cosmetic or non-medically necessary services are to be paid in full in advance of service.

Non-covered services: Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. It is the responsibility of you, the insured, to know your policy terms and conditions.

Patient Balances: Patient balances are payable upon within 30 days of initial post-discharge billing, unless other arrangements are made with the Patient Financial Counselor, 402-879-4432 Ext. 5110.

Patients with no insurance: It is the policy of BMH to expect a full payment for services provided. Full payment is due from the patient within 30 days of initial post-discharge billing, unless arrangements are made with the Financial Counselor.

All patients who indicate financial hardship are to be screened for Financial Assistance and/or possible Medicaid coverage. Financial Assistance may be granted any time, even after collection agency assignment.

### Payment Options:

Option 1: Payment in-full option: Pay by cash, check, or major credit card (Visa, Master Card, Discover, or American Express). All balances less than \$75 need to be paid in full.

Option 2: No-interest, up to 10 month in-house payment plan with a minimum of \$50/month payment required. All payment arrangements must be requested through Financial Counselor or Med-Plan Services, LTD.

Option 3: Bank Medical Loan Program through Union Bank & Trust. Minimum monthly payment is \$35, with loans up to 36 or 48 months.

Non-payments: If your account is over 90 days past due, you will receive a letter stating that you have 30 days to pay your account in full. Please be aware that if a balance remains unpaid, after 120 days your account will be referred to a collection agency.

### Collection Agency Referrals:

Collection Agency referrals are appropriate if a patient is unwilling to commit to payment arrangements, breaks his/her financial commitment under a payment arrangement, does not forward insurance proceeds to Brodstone, or has a non-payment history with Brodstone. Patient accounts are turned over to a collection agency upon the Customer Service Supervisor's review and approval no earlier than 120 days after the first post-discharge bill is mailed to the patient/guarantor.

There are specific circumstances which allow the department to refer the account to a collection agency:

1. Financial assistance eligibility has been determined and the individual has been notified about his/her reduced balance or ineligibility for financial assistance but is unwilling to commit to payment arrangements.
2. Patient has been notified of presumed eligibility for less than the full amount of care, and of his/her right to submit an application for additional financial assistance, but fails to do so within the reasonable time frame provided, typically, thirty (30) days.
3. No payment plan agreement made – Patients/guarantors who do not accept one of the offered payment plans will be referred to a collection agency with the proper notice.
4. No response to letters or calls - If it appears that a patient is receiving mailed bills and statements and does not respond.
5. Agreement not maintained - Patients who make less than the prescribed payment or miss a payment may be referred to the agency with proper notification.
6. Patient is judged a skip - Patients who do not provide correct or updated contact information may be assigned to the agency immediately upon such determination. Skip tracing should be attempted to determine that a registration error did not occur.
7. Patient has poor payment history - Patients with a history of non-payment with the hospital (e.g., has other agency accounts).

Extraordinary Collection Actions (ECAs): ): Patient Accounts shall not be subjected to any ECAs, either by Brodstone or the collection agency to which they are assigned, until the following have occurred:

1. Reasonable efforts have been made to determine financial assistance eligibility.
2. 120 days have elapsed since the first post-discharge billing statement; and
3. The following notification requirements have been met (at least 30 days prior to initiation of the ECA):
  - a. Written notification sent notifying of financial assistance availability;
  - b. Provision of a plain language summary of the Financial Assistance Policy;
  - c. Notice of the action(s) to be taken upon nonpayment have been provided;
  - d. Notice of the date after which the action(s) will be taken if payment is not received; and
  - e. Attempts made to verbally discuss the Financial Assistance Policy and application for financial assistance with the patient.
4. Credit reporting may occur 150 days after the first post-discharge billing.
5. Lawsuits for past due balance may not be filed prior to 240 days after the first post discharge billing.
  
6. If at any time after an ECA has begun, if a financial assistance application is submitted by a patient, Brodstone must suspend any ECAs that have been initiated. No additional ECAs or further action can be taken on prior ECAs until Brodstone determines whether the individual is FAP eligible based upon a complete FAP application or the reasonable efforts requirements described below have been met.
  
7. Reasonable efforts include the following:
  - a. Patient is offered a plain language summary of the Financial Assistance Policy and an application for financial assistance and offered help in completing the application;
  - b. If an incomplete application is received, written notification of missing information or documents is sent to patient including notification of any ECAs Brodstone (or Brodstone's agent) may initiate or resume if application or payment is not received by a specified deadline. If an incomplete application has been received, ECAs that have begun must be suspended.
    - i. The patient will be provided written notice with the contact information for Brodstone's Patient Finance Staff for help with the application.
    - ii. Alternatively, Brodstone may provide contact information for at least one nonprofit organization or government agency that will assist with the financial assistance application.
  - c. All billing statements contain a conspicuous notice about the availability of financial assistance with a phone number to call for information or assistance and the direct web site address where copies of the financial assistance documents maybe obtained;

- d. Completed applications for financial assistance are processed in a timely manner and the patient is notified in writing of the determination.
- e. If a patient is eligible for partial financial assistance, Brodstone will provide a billing statement for the discounted amount, describe how that amount was determined, and either state the AGB or describe how the patient can obtain information about the AGB. Brodstone will refund the patient any amount paid in excess of the amount owed after financial assistance is applied to the account. Brodstone will also take reasonable steps to reverse any ECA taken.
- f. Brodstone may meet the reasonable efforts requirement by determining a patient eligible for the most generous financial assistance available based on information that established the patient's eligibility for one or more means-tested public programs. Brodstone may choose to grant financial assistance to a patient who has failed to fully provide the information or documentation requested on the financial assistance application by making a presumptive determination of eligibility from information provided by others or based on a prior financial assistance determination.
- g. If Brodstone determines that the patient is eligible for less than the most generous assistance provided under the Financial Assistance Policy, Brodstone will
  - i. Notify the individual about the basis of the presumptive financial assistance policy eligibility determination and the way to apply for more generous assistance;
  - ii. Give the individual a reasonable period of time to apply for more generous assistance before initiating ECAs; and
  - iii. Promptly process any complete FAP application that the individual submits.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

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Signature of patient or responsible party

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Date