**MAGNOLIA REGIONAL HEALTH CENTER**

*Corinth, Mississippi*

PFS Department Policy and Procedure

**BILLING AND COLLECTIONS POLICY**

**PFS\_506**

**Patient Financial Services**

### **Your Financial Responsibilities -** Magnolia Regional Health Center (MRHC) accepts responsibility for providing the highest quality and most cost effective healthcare services possible. Therefore, we ask that you accept responsibility for paying for those services in a timely manner. It is required that all patients sign a “Consent for Treatment and Responsibility for Payment” form regardless of insurance coverage.

**Prior to Service for Elective & Non-emergent Services -** Some health plans require a patient to pre-certify certain services, or to be notified within a certain period of time after becoming hospitalized. If your service is not an emergency, we encourage you to review and understand your insurance coverage and benefit documents prior to your visit. Please discuss any insurance eligibility or payment concerns with our Financial Counselors as soon as possible.

**Patients with a Health Plan** - MRHC attempts to collect outpatient and clinic patient payment responsibilities prior to the delivery of services which includes deductibles, co-pays and co-insurance amounts.

**Patients with Medicare** - At the time of appointment, a clerk will review your physician orders and diagnosis information. If Medicare does not cover the services ordered, you may be asked to sign a Medicare Advance Beneficiary Notice (ABN) to signify that you have been informed of your payment responsibility.

**Patients with no Insurance Coverage** - MRHC offers a 40% reduction for patients with no insurance.  Some elective procedures and surgical procedures requires payment in full prior to services.

### **Processing Your Bill -** Shortly after your service date, you will receive a statement from the hospital for the services that were rendered. If you have current insurance coverage, the hospital will bill your insurance carrier at that time. Patients will not receive statements until their insurance company has either paid the bill and there is a balance due or your insurance company has not paid the claim in a timely manner. If we have not received payment in a timely manner, the hospital may ask for your assistance in getting the bill paid.

If you have a patient balance, you will receive a statement at that time indicating the total amount due. If you have questions about your hospital bill, please call our Patient Financial Services department at 662-665-8055. If you are unable to pay the balance in full, a payment agreement will be required. Please contact our Customer Service Department at 662-293-0229 to arrange a payment plan.

### **Physician Billing**

Professional fees charged by physicians for services provided to you will be billed by the physician separately and apart from the fees charged by the hospital. Please understand that physicians or other healthcare professionals may be called upon to provide care or services to you or on your behalf, but you may not actually see, or be examined by, all physicians or healthcare professionals participating in your care. For example, you may not see physicians providing radiology, pathology and EKG interpretation.

In many instances, there will be a separate charge for professional services rendered by physicians to you or on your behalf, and you will receive a bill for these professional services that is separate from the bill for hospital services. These independent healthcare professionals may not participate in your health plan and you may be responsible for payment of all or part of the fees for the services provided by these physicians who have provided out-of-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services.

We encourage you to contact your health plan to determine whether the independent healthcare professionals are participating with your health plan. In order to obtain the most accurate and up-to-date information about in-network and out-of-network independent healthcare professionals, please contact the customer service number of your health plan or visit its website. Your health plan is the primary source of information on its provider network and benefits.

To help you determine whether the independent healthcare professionals who provide services at this facility are participating with your health plan, this healthcare facility can provide you with a complete list of the names and contact information for each individual or group. If you receive a bill from a physician and have questions, please call the telephone number listed on the statement.

**Physicians that may bill you separately include:**

Radiologist
Surgeon

Cardiologist
Anesthesiologist
Personal Physician

***Note***: There will be a telephone number on each bill or statement you receive to call with questions related to that particular bill.

**IF YOU HAVE COMMERCIAL INSURANCE:** Contact your insurance company to understand all of the factors affecting your financial responsibility. Numerous factors, such as type of plan, co-pay, co-insurance, deductible, out-of-pocket maximums, provider network and other limitations, will affect your financial responsibility to a hospital. The prices reflected on this site do not include charges for the physician or other professional fees, such as pharmacy, diagnostic imaging, or lab work. The prices reflected on this site do not include any negotiated discounts between your insurance company and the hospital.

 **IF YOU HAVE MEDICARE:**

Medicare has many different parts, and not everyone has the same type of Medicare coverage. Medicare will pay for many of your healthcare expenses but not all of them. Special rules apply if you have employer group health insurance coverage through your job or a spouse’s job. If you have a supplemental health insurance policy, it may cover some costs that Medicare does not cover. The best way to be sure of what your Medicare plan covers is to call 1-800-MEDICARE, or visit the website at www.mymedicare.gov

**IF YOU HAVE MEDICAID:**

Contact your local Medicaid office at 800-421-2408, or visit https://medicaid.ms.gov/ to determine all the factors affecting your financial responsibility. Generally, Medicaid recipients are not responsible for any portion of the bill.

**IF YOU ARE UNINSURED:**

Please contact our Patient Financial Services Department at 662-665-8055 and ask about our payment policies.

**Point of Service Collections**

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| --- | --- | --- | --- |
|  | Lower Limit  | Upper Limit  | Discount  |
| Tier 1  | $0  | $1,000  | 25%  |
| Tier 2  | $1,000  | $2,000  | 30%  |
| Tier 3  | $2,000  | $3,000  | 35%  |
| Tier 4  | $3,000  | $5,000  | 40%  |
| Tier 5  | $5,000+  |  | 50%  |

Scheduled patients will be provided the opportunity to pre‐register for services. An estimate of the patient’s financial responsibility will be determined by the ordered services and a Pre‐Payment discount will be offered based on the level of expected responsibility. Unscheduled patients will also be provided an estimate of responsibility and offered a discount for Pre‐Payment.

**PROMPT PAY DISCOUNT**

A 10% discount will be offered to patients willing to make payment in full for outstanding balances.

**SPECIAL PROCEDURE DISCOUNTS**

Administrative discounts and case rates will be determined based on community need. Procedures receiving this discounted rate will not be eligible for additional discounts.

**PAYMENT ARRANGEMENTS**

Inpatient/Outpatient Billing: MRHC will bill all insurance carriers as a courtesy to our patients when the patient or guarantor has furnished the hospital the necessary information and benefits are assigned to the hospital. A copy of the patient’s insurance card is requested at time of registration and scanned into the system.

MRHC will submit at least one claim to the insurance company.

Monthly statements will be sent every thirty (30) days to the guarantor when there is a self‐pay balance. A detail bill is available to the patient upon request.

It is the policy for MRHC to attempt to collect some form of payment from uninsured patients at the time of service.



Previous outstanding account balances with an established payment arrangement will continue to be honored for the completion of that payment arrangement.

New payment arrangements for account balances not previously established prior to the effective date of this policy will follow the guidelines outlined above.

Effective Date: 11/01/2022