

ENGLEWOOD HOSPITAL AND MEDICAL CENTER		NO.: 400.36
POLICY & PROCEDURE MANUAL - SECTION Administrative & Support Services	SUBJECT: Billing and Collections Policy	DATE: 1/1/2016
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		SUPERSEDES: New
		REVIEWED: 4/14/2022

Policy

Englewood Hospital and Medical Center (EHMC) treats all patients, regardless of their ability to pay, for all emergency and medically necessary care. This policy applies to all billing and collection activities for Englewood Hospital and Medical Center only and does not apply to any billing and collection activities for professional services.

Procedures

- 1.) The bills for all insured patients will be sent directly from EHMC to the patient's insurance company. If the insurance company denies the claim for reasons such as: benefits exhausted, experimental, medical necessity, pre-existing condition, non-covered charges, etc. the patient will be billed at the uninsured rate of percentage of gross charges as outlined in the Financial Assistance Policy.
- 2.) If a patient's insurance pays the claim and there is a deductible, co pay, or co insurance amount due from the patient, EHMC will bill the patient the amount indicated as patient responsibility by the insurance company.
- 3.) Bills for uninsured patients are reduced to a percentage of gross charges as described in the Financial Assistance Policy.
- 4.) Patients will receive billing statements and collection letters from EHMC on all balances that are deemed patient responsibility. The billing statements and collection letters include information about financial assistance availability.
- 5.) Employees from the Financial Counseling Department will attempt to contact the patient by telephone on unpaid balances of \$5,000 or greater that are deemed patient responsibility. They will explain the availability of financial assistance when speaking with the patient. All calls are documented within the financial system.
- 6.) In addition to financial assistance, payment plans will be offered to patients. Patients can make monthly payments on outstanding balances. Payment plans will be approved for a period of one year. Payment plans beyond one year must be approved by the Financial Counseling Manager.

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- 7.) All unpaid balances that are due from patients will be referred to outside collection agencies after collection attempts by EHMC have failed. EHMC will not pursue legal action on any account in order to collect payment.
- 8.) All referrals to outside collection agencies are approved by the Financial Counseling Manager.
- 9.) Refer to the Financial Assistance Policy for EHMC Financial Assistance guidelines.
- 10.) Refer to New Jersey Hospital Care Payment Assistance Program/Charity Care Policy for procedures on applying for assistance through the New Jersey Hospital Care Payment Assistance Program/Charity Care at EHMC.
- 11.) This policy is available upon request from the Financial Counseling Department. This policy is also available on the Englewood Hospital and Medical Center website at www.inglewoodhealth.org

	APPROVED BY:
	Warren Geller, President & CEO