

MILE BLUFF MEDICAL CENTER
Mauston, Wisconsin

ADMINISTRATIVE POLICY

DEPT: PATIENT ACCOUNTING

SUBJECT: BILLING AND COLLECTIONS POLICY

PURPOSE: To establish reasonable procedures regarding collection of patient accounts.

POLICY: It is the policy of Mile Bluff Medical Center (MBMC) to pursue payment for services rendered from all active known health plans or insurance payers or identified patient balances from patients who have the ability to pay for those services. Mile Bluff Medical Center will make reasonable efforts to identify patients who may be eligible for financial assistance.

GUIDELINES:

INSURANCE COLLECTIONS

As a courtesy to our patients, Mile Bluff Medical Center will strive to ensure the timely and accurate submission of claims to all active known health plans or insurance payers clearly identified by the patient. It is the patient's responsibility to understand his or her insurance plan and know where services are covered. MBMC makes every reasonable effort to work with payers to collect appropriate payment for services provided to assist patients in resolving their bills. However, if it is determined that the patient has not provided accurate, complete or timely information to MBMC or their insurance company, the patient will be held responsible for the bill.

SELF PAY COLLECTIONS

When the balance for a service becomes patient responsible, Mile Bluff Medical Center will initiate reasonable procedures to collect that balance. Payment can be made in full with cash, check, credit card, debit card or cashier's check. Staff will work in a fair, confidential, and respectful manner with patients who are unable to pay their balance in full by setting up payment plans. Financial assistance will be offered to those patients whose income and assets will not allow full payment within a reasonable timeframe.

THIRD PARTY DEBT COLLECTION

Third-party debt collection agencies may be enlisted after reasonable collection and payment options have been exhausted. Agencies may be employed when patients have not made appropriate payments or have been unwilling to provide supporting documentation when requesting financial assistance.

If a patient requests financial assistance after an account has been referred for collection action and it has been less than 240 days from the first billing statement for that service, extraordinary collection action will be suspended until the application has been processed, as long as the patient follows the requirements of the program.

WORKER COMPENSATION or LIABILITY CLAIMS

Mile Bluff Medical Center will submit claims to worker compensation companies or liability companies as long as the patient presents the correct billing information in a timely manner. In the event the workers compensation or liability company denies payment, Mile Bluff Medical Center will contact the patient for payment. The patient has the right to appeal the claim to the state board but the patient is responsible for payment. Accounts pending settlement are not eligible for financial assistance discounts.

APPROVAL:

President

DISTRIBUTION: Delton Family Medical Center
Elroy Family Medical Center
Mile Bluff Clinic
Necedah Family Medical Center
New Lisbon Family Medical Center

ASSOCIATED DOCUMENTS:

REVISED DATES:

REVIEW DATES: