

PATIENT BILLING AND COLLECTION POLICY

PURPOSE

After patients have received services, it is the policy of Mason Health to bill patients and their applicable payors on a timely and accurate basis. During this billing and collection process, staff will be committed to providing quality customer service and timely follow-up on all outstanding accounts.

POLICY

It is the policy of Mason Health to implement billing and collections procedures that equitably and proficiently facilitate the collection of outstanding balances.

BILLING GUIDELINES

It is the goal of Mason Health to bill all claims accurately and on a timely basis. Although dependent on information and communication from patients and payors, the Business Office will provide sufficient follow-up services to ensure that patients receive accurate account and billing information and have the opportunity to make payment and/or apply for financial assistance.

For all insured patients, the Business Office will bill all third-party payor information (as provided by or verified by the patient) on a timely basis, prior to initiating patient collections activities.

PATIENT RESPONSIBILITY BILLING GUIDELINES

PATIENT BILLING AND COLLECTION POLICY

1. After claims are processed by payors, Mason Health will bill patients on a timely basis for their respective liability amounts as determined by their payors. All patient bills include a statement on the availability of financial assistance.
2. All uninsured patients will be billed directly on a timely basis and will receive an itemized statement as part of Mason Health's normal billing process. All patients may request an itemized statement for their accounts at any time. All patient bills include a statement on the availability of financial assistance.
3. All billed patients are informed how to contact Mason Health regarding financial assistance for their accounts. Financial assistance may include charity care, payment arrangements, medical assistance, or other applicable programs. See the separate Financial Assistance Policy for Uninsured and Underinsured for more details. All patients are offered/mailed a financial assistance form prior to being sent to an outside collection agency.
4. Through the use of billing statements, letters, and phone calls, the Business Office will be diligent in its follow-up action to contact patients to resolve outstanding accounts. If accounts are not resolved during this process, the outstanding balances may be referred to a third-party agency for collection at the discretion of Mason Health. Accounts may be referred for collection with the following caveats:
 - a. There is a reasonable basis to believe that the patient owes the debt.
 - b. All third-party payors have been properly billed by the Business Office and the remaining debt is the financial responsibility of the patient. Mason Health will not knowingly bill a patient for any amount that an insurance company is obligated to pay.
 - c. Mason Health will not refer accounts for collection while a claim on the account is still pending payor payment. However, the Business Office may classify certain claims as "denied" if such claims are stuck in "pending" mode for an unreasonable length of time despite the Business Office efforts to facilitate resolution.
 - d. Mason Health will not refer accounts for collection where the claim was denied due to an Mason Health error. All resources will be utilized to facilitate a claim payment. If it is still denied, the account will be referred to management for resolution and/or decision on how to process the account.

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- e. Mason Health will not refer accounts for collection where the patient initially applied with supporting income documentation for financial assistance or another Mason Health-sponsored program and has not yet been notified of the eligibility determination.
 - f. Mason Health will not refer accounts for collection where the patient has disputed his/her account and has requested documentation or has been offered the opportunity to apply for arbitration (see below).
5. If a patient disputes his/her account and requests documentation regarding the bill, the Business Office will provide the requested documentation in writing within 10 days and hold the account for at least 30 days before referring the account for collection. Accounts will be routed to the appropriate departments to help resolve the dispute. These departments will facilitate review and, if needed, will help the patient petition the Mason Health Grievance Committee if not resolved. See the Complaint and Grievance Procedure for more information.

COLLECTION GUIDELINES

Even after an account has been referred to an outside collection agency, Mason Health will still work with patients to resolve their accounts.

Previous policy archived: Billing & Collection Policy