

NOTICE OF BILLING & COLLECTION PRACTICES

Welcome to OCH Regional Medical Center!

When you register for healthcare services, you will be asked to provide your insurance information. OCH accepts commercial insurance (except HMO's), Medicare, MS & AL Medicaid, Tricare, VA, Vocational Rehabilitation and some other third party arrangements.

You will be asked for an estimated payment at the time that you register to receive healthcare services. We will file your claim to your primary and secondary coverages for you. After payment has been received from your insurance(s), any remaining balance will be your personal responsibility to pay.

OCH has a Patient Accounts department that will be in contact with you. You will receive a letter from the representative who has been assigned to your account. The representative's phone number will be listed, along with information on how to complete payment on your account. There will be a series of correspondence:

Patients will receive a statement from OCH. The statement will provide instructions on how to pay online. The statement also explains how to apply for financial assistance. If you cannot pay the balance in full when you receive your first statement...

Approximately 21 days later, a letter will be sent informing the patient that the balance is patient responsibility and providing a phone number for the patient to call to set up payment arrangements.

If no contact is made by the patient to set up payment arrangements, 14 days later the Patient Accounts representative will attempt to contact the patient by phone.

10 days later, if the Patient Accounts representative is unable to reach the patient by phone, an automated letter will be sent to the patient, until the account is 90 days old.

After 90 days from the initial letter, the final notice letter will be sent. The final notice letter will tell the patient that if they have not responded within 30 days of the final notice letter that they will be referred to a collection agency. The final notice letter will also include information regarding the financial assistance Charity Care Allocation Policy.

If at any time during the billing process the patient requests financial assistance or the patient representative sees the need for assistance, an application can be mailed to the patient. The patient will then have 30 days to complete the application and return all required documents to the Patient Accounts office for processing.

We appreciate your Trust in OCH to provide for your healthcare needs!



Patient Accounts

REVISION HISTORY

Author	Revision Date	Page #	Summary of Changes
Jane Metcalf	12/16	1	Updated policy; added header & footer