



NOTICE OF BILLING AND COLLECTION PRACTICES

When you come to OCH Regional Medical Center (OCH) for healthcare services, you will be asked if you have insurance coverage with any commercial insurance carrier or if you are covered recipients with Medicare, Medicaid, TRICARE, Vocational Rehabilitation or any other third party arrangement. OCH will accept this insurance or third party coverage information for the processing and filing of medical claims to your primary and secondary responsible carriers.

After payment has been received from all commercial insurance carriers or other third party arrangements filed by OCH, the remaining self-pay balance due will be your personal responsibility to pay. OCH has a patient accounts department that is responsible for the collection of the self-pay balances. Once insurance has paid, you will receive a letter from the representative who was assigned your account. The representative's phone number will be listed along with information for making a payment on your account. During the billing phase, there will be a series of correspondence:

- Patient will receive a statement from the Hospital billing software. The statement will give patients the instructions that are needed to go online and pay. The statement also includes language about the Financial Assistance Policy.
- 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 contact is not made by the patient to set up payment arrangements, fourteen days later the Patient Accounts Representative will attempt to contact the patient by phone.
- Ten days later, if the Patient Accounts Representative is unable to reach the patient by phone, then automated letters 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 notify the patient that if they have not responded within 30 days of the final notice letter, they may be referred to the 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 recognizes the need for assistance, an application will 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.

Reference: ISO 9001:2015

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Approved by Susan Russell, Chief Financial Officer

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CFO/S Russell	09/28/16	Pg 1	Added language to include detailed information on letters and statements that are sent to patient



Any complaints regarding discourteous employees should be directed to **Lynne Sizemore, Patient Accounts Supervisor**, at **662-615-2605**.

When satisfactory payment arrangements for your outstanding self-pay balances have been unsuccessful through the patient accounts billing service, the Hospital will review these accounts for bad debt referral and legal collection with Franklin Credit and Collection Services, Tupelo, MS. **Franklin Credit and Collection Services is a collection agency for delinquent accounts.** Accounts referred to Franklin Credit and Collection Services may be subject to litigation if satisfactory payment arrangements are not made.

The Board of Trustees has approved a policy of allowing delayed payments for patients with financial needs. For patients who have family income of less than 200% of the current Federal Poverty Income Guideline, an annual Charity Care Allocation for patients and / or guarantors may be available. If you feel that you are eligible for special payment arrangements or Charity Care, please call Mrs. Lynne Sizemore at 662-615-2605, and you will be provided with a screening application for determination of special payment arrangements or Charity Care for the account(s) for which you are seeking such assistance.