

SUBJECT: Uninsured Patient Discount Program

EFFECTIVE: October 2019

APPROVED: _____
President

EXPIRES: When Superseded

REVIEWED: Annually

REVISED:

I. POLICY

Archbold is committed to improving access to quality healthcare to patients who are uninsured by offering discounts to patients who have no source of third party reimbursement coverage.

This policy is mutually exclusive to the Archbold Financial Assistance Policies.

II. PURPOSE

This policy establishes the guidelines for an Uninsured Patient Discount provided to all qualifying uninsured patients. This policy applies to John D. Archbold Memorial Hospital and all of its system hospitals and outpatient locations. Archbold is committed to assisting its uninsured patient population who do not qualify for relief under the Archbold Financial Assistance Policy by providing a 40% discount from gross charges.

III. PROCEDURE

A. DEFINITIONS

1. **Financial Assistance Program:** Charity care and/or healthcare services that are provided free of charge or at a discount determined by the hospital's Financial Assistance Policies to individuals who meet the established criteria.
2. **Uninsured Patient:** An individual who is not covered by any applicable governmental or other third-party payer or insurance program and is not eligible under the Financial Assistance Policies.

B. DETERMINING PATIENT ELIGIBILITY

1. Uninsured Patients who do not qualify for any discounts under the Financial Assistance Policies may be eligible for the Uninsured Patient Discount.
2. For this policy, the Uninsured Patient Discount will not apply to the following:
 - a. Patients who qualify for state, federal, or other third-party programs.

- b. Patients who are "underinsured" meaning patients who have health insurance who's out of pocket responsibility is derived from a non-covered service, co-payment, co-insurance or deductible amount.
 - c. Patients who participate in medical cost sharing plans.
 - d. Reproductive Endocrinology and Infertility services.
 - e. Cosmetic or plastic surgery services.
 - f. Elective bariatric surgical services.
3. Qualifying patients will receive a 40% discount off gross charges for services rendered. Charges will be adjusted at the generation of a billing statement in the applicable billing systems and the adjusted balance billed to the patient or guarantor.

C. INFORMATION TO BE PROVIDED BY PATIENT FOR ELIGIBILITY DETERMINATION

1. Archbold shall determine eligibility for the Uninsured Patient Discount in accordance with this Policy, and shall not take into account an individual's age, gender, race, immigrant status, sexual orientation, or religious affiliation.
2. Archbold expects a patient to cooperate fully in the information gathering process under this Policy, and failure to do so may affect the hospital's ability to provide the Uninsured Patient Discount.

D. PROCEDURE

1. All staff members having contact with a patient regarding the payment of bills have received training on the Uninsured Patient Discount Program.
2. Only patient liability resulting from services rendered after the effective date of this policy will be eligible for the discount described in the policy.
3. The Archbold Point of Service discount will not apply to the estimated patient balance remaining after the 40% Uninsured Patient Discount is applied.
4. In the event a third party payer benefit is identified subsequent to an Uninsured Patient Program discount being awarded, the discount(s) will be reversed and the applicable account(s) will be processed in accordance with the applicable payer and hospital policy.
5. All patients' accounts will be processed in accordance with Archbold Medical Center Patient Accounting policies.

6. The discount percentage will be reviewed at least annually for consideration of modification.

IV. This policy applies to the following facilities:

JOHN D. ARCHBOLD MEMORIAL HOSPITAL, INC. (INCLUDING OPERATIONS D/B/A BROOKS COUNTY HOSPITAL, GRADY GENERAL HOSPITAL, MITCHELL COUNTY HOSPITAL.)