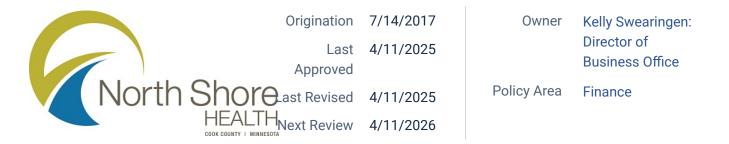
## Status (Active ) PolicyStat ID (17771983



# **Patient Financial Responsibility Policy**

### **PURPOSE**

To provide uninsured/underinsured patients with information concerning the patient responsibility portion of their financial obligation to North Shore Health and available avenues of assistance, consistent with the mission and values of North Shore Health and compliant with State and Federal regulations.

### **POLICY**

North Shore Health will provide information to uninsured and underinsured patients on available financial assistance options to help patients fulfill their financial obligations to North Shore Health. We will take into account each individual's ability to contribute to the cost of their care as well as the current and future financial ability of North Shore Health to provide quality healthcare to the community it serves.

#### **PROCEDURE**

North Shore Health will make every effort to abide by the following policies/procedures for patients receiving services not covered by any type of insurance coverage:

A. Continue to train patient access staff, billing staff, and direct patient treatment providers regarding the existence of North Shore Health's Financial Assistance Program (Community Care) and the procedure by which patients may obtain more information regarding financial assistance programs or to submit an application for Community Care.

Revenue Cycle Staff will:

- A. upon request inform patient/guarantor of their financial obligation to North Shore Health for scheduled services, emergency room visits, and/or inpatient admissions when the information is available.
- B. request payment of a portion of the estimated cost for service at the time of admission/ service, or upon discharge for emergency room visits.

- C. provide patient/guarantor information regarding Minnesota governmental assistance programs, North Shore Health's Community Care program, North Shore Health's discount for uninsured services, and/or other health care financial assistance programs for which they may be eligible.
- D. assist patient in setting up payment plan option according to the following guidelines. Any deviation from the payment plan guidelines must be approved by Business Office Director or Chief Financial Officer:
- \$0 \$100 outstanding payment in full
- \$101 \$250 outstanding payment of 50% or more per month
- \$251 \$500 outstanding payment of 30% or more per month
- \$501 \$750 outstanding payment of 20% or more per month
- Greater than \$750 outstanding payment of 10% or more per month

As part of the billing process Revenue Cycle Staff will:

- A. provide uninsured patients a detailed, itemized bill upon request.
- B. list a telephone number and address on all patient bills and collection notices sent by North Shore Health to which patients may call or write with questions or to dispute their bill.
- C. record and log all patient complaints received by its billing office.
- D. return phone calls in a prompt and timely manner after the patient's call is received, with all correspondence answered/resolved within ten (10) business days.

North Shore Health will pursue collection of self-pay accounts, including those making payments that do not meet the Credit Policy or payment plan approved by North Shore Health, according to the following schedule:

- 30 days Send Statement
- 60 days Send Statement with outstanding balance message
- 90 days Send Statement with final notice message
- 120 days Send Collection Letter
- 135 days Transfer account to Bad Debt and may; send to collection agency, file with MN Revenue Recapture or file a judgment with courts.

Small Balance Write-Off:

• Guarantor total balances less than \$9.99 will be written off as identified by the Revenue Cycle Staff:

# Attachments

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# **Approval Signatures**

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Approver	Date
Nicole Siegner: Interim CFO	4/11/2025
Karen Schultz: Director of Finance	4/11/2025
Kelly Swearingen: Director of Business Office	4/11/2025
Kelly Swearingen: Director of Business Office	4/11/2025

