

Saint Francis Healthcare System Policy	
Title: Credit and Collections Policy Revenue Cycle	Effective Date: 12/01/1983
	Last Review/Revision Date: 07/01/2024
Required by (Agency & Standard) Internal Revenue Service	

POLICY: To define guidelines regarding credit and collection of account balance.

ASSIGNMENT OF BENEFITS:

1. Assignment of insurance benefits will be accepted for services provided. To include but not limited to: medical, auto, employer, and government issued insurance policies.

ACCOUNTS NOT COVERED BY FINANCIAL ASSISTANCE PROGRAM:

1. Responsible party liability balances on accounts will be due within 30 days from receipt of the first post discharge billing statement. Responsible party may be required to secure personal financial clearance prior the SFHS providing non-emergent or elective services.

REASONABLE EFFORTS AND COLLECTION ACTIVITIES:

1. In no event shall SFMC conduct, or permit collection agencies to conduct on their behalf, collection activities against individuals sooner than 120 days following the date of the first post discharge billing statement for care. SFMC does not conduct, or permit collection agencies to conduct on their behalf, collection activities against individuals before reasonable efforts have been made to determine whether the responsible party is eligible for SFMC's Financial Assistance Program. Reasonable efforts will be made according to the terms of this section.
2. If the responsible party (i.e., patient or guarantor) states the inability to pay, SFMC shall inform the responsible party of SFMC's Financial Assistance Program and provide the responsible party with a financial assistance application and information about how the responsible party may obtain assistance with the financial assistance application process.
3. The responsible party will be contacted 30-45 days after the date of the first post discharge billing statement for care if full payment has not been received. SFMC staff shall orally inform the responsible party of the availability of financial assistance under SFMC's Financial Assistance Program and how the individual may obtain assistance with the financial assistance application process. If, after 45 days after the date of the first post discharge billing statement, SFMC is unable to orally contact the responsible party, SFMC shall mail to the responsible party:
 - a. Written notice that financial assistance is available under SFMC's Financial Assistance Program;
 - b. A plain language summary of SFMC's Financial Assistance Program;

- c. Written identification of the collection activities that SFMC intends to initiate to obtain payment for care; and,
 - d. A deadline after which such collection activities may be initiated, provided that such deadline is no sooner than 120 days following the date of the first post discharge billing statement for care.
4. If, after 120 days following the date of the first post-discharge billing statement for care, the responsible party has not contacted SFMC, paid its bill in full, or submitted to SFMC an application for financial assistance pursuant to SFMC's Financial Assistance Program, the account will be considered delinquent, and SFMC may refer the account to a bad debt collection agency.
5. Notwithstanding an action to refer an account, or any other action considered to be an extraordinary collection action, SFMC will accept and process an application for financial assistance during an application period. With respect to any care provided by SFMC to an individual, the application period begins on the date the care is provided and ends on the later of the 240th day after the date that the first post-discharge billing statement for the care is provided or the deadline specified in a notice of collection activities. The availability of refunds is addressed in SFMC's Financial Assistance Program.
6. Receipt of an Incomplete Application. In the event that SFMC receives an incomplete application for financial assistance from the responsible party, whether before or after collection activities are initiated, SFMC shall suspend any pending collection activities, if applicable, and take the following actions:
 - a. Contact by Phone. SFMC shall attempt to orally contact the responsible party and inform the responsible party of:
 - i. the additional required information or documentation required;
 - ii. a deadline for the return of such information or documentation, after which collection activities may be initiated (or resumed), provided that such deadline is the later of: (A) thirty (30) days from SFMC's return of the incomplete application to the responsible party; or, (B) 120 days following the date of the first post discharge billing statement for care.
 - b. Contact by Mail. SFMC shall return the incomplete application to the responsible party with:
 - i. instructions as to how to fully complete the application;
 - ii. a telephone number to call and an office to visit for assistance with the application process; and
 - iii. a deadline for the return of such information or documentation, after which collection activities may be initiated (or resumed), provided that such deadline is the later of: (A) thirty (30) days from SFMC's return of the incomplete application to the responsible party; or, (B) 120 days following the date of the first post discharge billing statement for care.

- c. If a completed application with all additional, required information is not returned to SFMC within the time period specified in sections (a) and (b) above, SFMC may refer the account to a bad debt collection agency, provided that SFMC may not refer any account to a bad debt collection agency sooner than 120 days following the date of the first post discharge billing statement for care.
- 7. Referral to a bad debt collection agency could result in: More aggressive collection, legal action, judgments, garnishment of wages and lien placed on property by the courts.
- 8. SFMC shall include a conspicuous notice regarding SFMC’s Financial Assistance Program; the availability of financial assistance under the program; the availability of copies of the policy, a plain language version of the policy, and any application for financial assistance under the policy shall be available at SFMC’s www.sfmc.net, or available in hardcopy upon in-person request, or by mailed request to Patient Financial Services, Saint Francis Medical Center, 211 Saint Francis Drive, Cape Girardeau, MO, 63703.
- 9. SFMC shall include a conspicuous notice regarding SFMC’s Financial Assistance Program and a telephone number of the SFMC department that can provide assistance with this program shall be placed on all billing statements issued by SFMC.
- 10. A responsible party may revoke his or her consent to be contacted on his or her cell-phone via autodialer, or through an artificial or prerecorded voice, by notifying SFMC or SFMC’s bad debt collection agency, either orally or in writing, of such revocation.

RECEIPT OF COMPLETE APPLICATIONS FOR FINANCIAL ASSISTANCE:

- 1. In the event that SFMC receives a complete application for financial assistance from the responsible party, and the account has not yet been referred to a bad debt collection agency, SFMC shall not refer the account to a bad debt collection agency until it has been determined that the responsible party does not qualify for financial assistance under SFMC’s financial assistance program.
- 2. If, after receipt of a complete application for financial assistance from the responsible party, SFMC determines that the account qualifies for financial assistance, and the account has already been referred to a bad debt collection agency, SFMC shall recall the account from the bad debt collection agency, and remove any adverse changes to the responsible party’s credit reports.

NON-FINANCIAL ASSISTANCE PAYMENT PROGRAMS:

- 1. Payment plans available for responsible party balances

Balance	Monthly Payment Range	Terms
\$0.01 - \$300.00	N/A	Due in full within 30 days
\$300.01 - \$1800.00	\$50.00 to \$300.00	6 Months Equal Payments
\$1800.01 - \$3600.00	\$150.00 to \$300.00	12 Months Equal Payments

\$3600.01 - \$5400.00	\$200.00 to \$300.00	18 Months Equal Payments
\$5400.01 - \$7200.00	\$225.00 to \$300.00	24 Months Equal Payments
\$7200.01 +	\$200.00 to -	36 Months Equal Payments

If a responsible party requests a payment arrangement longer than listed above, they will be offered a zero percent interest Hospital Services Financing loan through Commerce Bank.

Effective Date:

Reviewed Date: 05/2009, 11/2021

Revised Date: 12/1983, 04/1986, 01/1996, 04/2005, 04/2006, 04/2008, 06/2008, 08/2008, 05/2009, 04/2011, 01/2014, 11/2015, 12/2017, 1/2018, 7/2023, 7/2024