

BURKE REHABILITATION HOSPITAL

Patient Financial Services Billing & Collection Policy

Patients with a self-pay balance will be sent four (4) statements at thirty (30) day intervals for the outstanding balance due. If a statement is returned as undeliverable, the representative will try to obtain a corrected address. If unsuccessful, the account will be referred for collection review. If there is no response from the patient after the fourth statement, a hospital representative will refer the account with a balance greater than thirty dollars (\$30.00) for collection review. Agency referrals are made monthly and by the review and approval of the Director of Patient Financial Services.

Accounts with balances of \$500.00 and greater that are returned from the Primary Collection Agency as uncollectable will be referred to a Secondary Collection Agency. These accounts are written off by the hospital as bad debt when returned as uncollectable from the secondary agency.

Burke does not use extraordinary collection measures in the event of nonpayment. The extraordinary collection measures we do not use include garnishing of wages, reporting of debt to credit agencies or sale of debt.

Bad debt write offs are divided into two categories: Medicare Bad Debt and Bad Debt. Medicare bad debt includes the balance due for Part A Deductible, Coinsurance or Lifetime reserve days, and the 20% Part B patient deductible for ambulatory services. The year- end final bad debt report is reviewed and signed by the Director of Patient Financial Services and the Senior VP/CFO.

Revised:

7/97	4/17
7/00	1/19
12/00	3/22
1/6	
1/11	
1/15	

