



Title: **Patient Billing and Collection -  
Hospital Services**  
Number: **3.3.39**  
Area: **Finance**  
Effective Date: **6/1/2014**  
Revised Date: **9/20/2017**

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**Purpose:**

It is the policy of **Aspire Health Partners, Inc. (AHP)** to establish guidelines to insure that payment on client accounts is pursued consistently.

**Scope:**

This policy pertains to the Business Office, Patient Accounts and team members performing billing and collection functions and all people served by all representatives of Aspire Health Partners, Inc. (AHP) in the hospital operated by AHP.

**Procedure:**

1. A statement of hospital services is sent to the patient/guarantor monthly. In cases where the client has no insurance coverage (self-pay) the statement is sent after services are provided. In most cases clients have coverage through an insurance company. In this case the statement is sent after the services have been provided, and the claim has been submitted/adjudicated by the insurance company.
2. Monthly statements sent include information on the AHP's available financial assistance and assigned account representative and contact phone number. AHP will accept financial assistance applications for a minimum of 240 days from the date of the first post-discharge billing statement.
3. AHP may attempt to contact the client/guarantor via telephone or mail to pursue collections. Collection efforts are documented on the clients account in the electronic billing system.
4. It is the policy of AHP not to engage in extraordinary collection actions (ECAs) against a client to obtain payment for care before making reasonable efforts to determine whether the client is eligible for assistance under its financial assistance policy. ECAs may include turning collections over to an outside collection agency after the later of 120 days or four statement cycles from date of the first post discharge statement. Written notice will be provided to the client thirty days in advance of any ECA. If the financial assistance application is received during the 240-day application period, any ECA initiated will be suspended.
5. Clients who are eligible for financial assistance will not be charged more for medically necessary care than amounts generally billed (AGB) to insured clients. AHP uses prospective Medicare fee-for-service method for determining AGB.



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**Attachments:**        None

<b>Authority:</b>	<b>Date:</b>
<b>Scott Griffiths (Chief Financial Officer)</b>	<b>9/20/17</b>