

# Citrus Memorial Health System Financial Policy

## **Emergency Room Services**

Emergent services will be provided without regard of ability to pay, Payment of Insurance co-pays, deductible amounts, or deposits from uninsured patients, are due after medical screening has been provided, or prior to exiting the Emergency Room Department.

## **Responsibility**

The patient, unless a minor child, is responsible for payment of their hospital bill. Any individual signing the financial responsibility form may be responsible for payment. Parents will be responsible for medical bills of their minor children.

## **Assignment of Benefits**

Citrus Memorial will submit claim forms to any Insurance Carrier when benefits are assigned to the organization. The insured person, or guarantor may be requested to assist in the follow-up process directly with their Insurance Carrier if an insurance company has not resolved a claim within forty (45) days in accordance with Florida Law. They may also be required to make payment if the insurance payer has not resolved a claim in a timely manner.

## **Uninsured/Self-Pay Customers**

Self-pay patients will be offered financial counseling services, if needed to assist in making arrangements for payment of services. Financial Counselors are available to discuss Patient Payment Programs, application for Medicaid benefits or Hospital based Charity Care programs. Financial counselors may also offer guidance to patients regarding referrals to Citrus County Health Department Clinic for treatment and follow-up.

## **Hospital Sponsorship Program**

Citrus Memorial has in place a financial assistance program, the Hospital Sponsorship Program to assist our community members who have economic difficulties meeting their financial obligations owed to the hospital and have exhausted all other means for payment. This assistance program is open to full-time residents of Citrus, Sumter, and Levy counties. Exceptions for emergent care services received by patients not residing in Citrus, Sumter or Levy county may be made on a case by case basis at the discretion of the Citrus Memorial Chief Financial Officer. Persons applying for the Hospital Sponsorship program may be required to

apply for Medicaid, Food Stamps, or any other known State or Federal programs for which they could be potentially eligible for assistance. Applications for the Hospital Sponsorship Program may be requested by calling 352-344-6597, during normal business hours.

The potential eligibility requirements for assistance are as follows:

- Complete an application for the Hospital Sponsorship Program and return the application with the required proof of income to Customer Service or Financial Counselors.
- Person applying for assistance must be a full-time resident of Citrus, Sumter or Levy County. A legal citizen of the United States, or legal resident alien status.
- The household size, household income and assets limits used to determine eligibility are based on the United States Federal Poverty Guidelines, and are updated yearly. The income limit for 100% assistance is based on household size and income limits at 200% of the Federal Poverty Guidelines.
- Citrus Memorial will assist the patient in applying for the hospital sponsorship program (charity) and any other funding sources that may be available for which they may qualify. Pre-screening may be conducted at pre-admission or point-of-service for all private-pay accounts that cannot meet the deposit requirements.

## **Pre-admission Process**

Patients that are pre-admitted will have the opportunity for financial counseling at the time of pre-admission testing or by phone before admission. Various options for payment will be discussed and arranged before the service date. Individuals displaying a need for financial assistance may be routed to a financial counselor for application to the most appropriate program(s). Deposits may be requested.

## **Deposits**

Requested deposits may be applicable for all services that are not covered or assigned under an insurance policy. For patients with health insurance coverage, the deposit amounts will be based on the known terms of their coverage and/or limitations. For Self-Pay or uninsured patients that have not been approved for financial assistance programs, a deposit amount due of 50% of the estimated total charge of their planned services will be required.

To the extent deposit requirements are not met, rescheduling may be arranged upon notification of the ordering physician.

**Self-Pay Discounts**

For Self-Pay or uninsured patients not qualifying for financial assistance programs, an uninsured discount of 40% will be applied to the total bill amount.

**Payment Plans**

For patients not able to pay their accounts in full within 30 days of request for payment, payment arrangements may be established by contacting our Customer Service Department at 352-344-6597. CMHS has established payment plan guidelines based on prompt and full payment of the amount due. Citrus Memorial does not add any finance or interest charges to patient bills.