

Main Line Health and Subsidiaries

Effective Date: April 1, 2016

Participating hospitals:

Lankenau Medical Center
Bryn Mawr Hospital
Paoli Hospital
Riddle Hospital
Bryn Mawr Rehabilitation Hospital
Mirmont Treatment Center

Policy name: Patient Billing and Collections

Policy purpose: To outline Main Line Health Patient Billing and Collection process.

Policy statement: To ensure that all amounts billed to patients are appropriate and are processed within appropriate timelines, giving all patients the information and assistance needed to facilitate payment of their accounts.

Scope of policy: Our billing policies

Main Line Health patient bills reflect our efforts to provide the highest quality care possible in the most cost-efficient manner. Our commitment—to deliver advanced medicine to treat and cure disease while also playing an important role in prevention and disease management as well as training physicians and other health care providers—reflects our intent to keep our community and ourselves well ahead. We want to help patients understand how we handle billing and what their financial responsibilities are as a patient. We aim to provide patients with information counseling and options necessary to make this process as smooth and simple as possible. All MLH patients will be treated consistently and fairly, without regard to race, ethnicity, gender, or religion.

Billing statements

The billing statements are based on the type of service the patient received. The amount the patient owes may include insurance deductibles, non-covered services or charges, as well as copayments, coinsurance, or other balances that may be due after the insurance has paid on a charge.

We will file a claim with the patient's insurance carrier. For certain types of insurance coverage, if there is a balance due after the patient's insurance company has processed the patient's claim, or if the patient does not have insurance, we will mail a billing statement to the patient. We will not bill the patient for such balances unless permitted under the patient's health plan and applicable law.

In addition to the hospital billing statement, the patient may receive bills from one or more other care providers for professional services. These providers will send the patient separate bills for their fees when their services are not covered by the hospital bill. Such providers may include:

- The hospital based physician(s) who cared for the patient while the patient was a patient at the hospital
- The anesthesiologist if the patient had a procedure at the hospital

- The ambulance company if the patient were brought to the hospital by an ambulance
- Physicians whom the patient may not have seen but who may have provided interpretation services for lab work and X-rays

Payment policies

Patients are financially responsible for services received. Any unpaid balances, including copayments, deductibles and non-covered services, are the patient's responsibility. Such balances must be paid at the time of service or upon receipt of the billing statement.

Main Line Health assists patients in meeting their financial obligations by:

- Filing insurance claims, as long as a valid insurance identification card and/or complete insurance information is provided at the time of registration.
- Allowing the patient's insurance carrier a reasonable time to make payment.
- Providing patients with a bill for balances after the insurance has paid.
- Providing patients with itemized bills upon request.
- Accepting a variety of payment methods including:
 - Cash, Check, Electronic Bank Checks, Money order
 - Charge cards (Visa, MasterCard, American Express, Discover)
- Appealing insurance denials whenever appropriate and possible.
- Assisting patients who are unable to make payment in full with monthly payment options through customer service:
 - Monthly payment plans may be arranged by calling MLH Customer Service at:
 - 484.337.1970
 - Payment terms are set based on the patient's account balance.
- Payment arrangements, other than payment in full, must be approved in order to keep the patient's account from being considered past due.
- Screening patients for Medical Assistance and other State or locally sponsored assistance programs. Any person who does not have insurance or does not have the ability to pay all or part of their financial responsibility to Main Line Health may apply for Charity Care and Financial Assistance.
- Main Line Health is committed to providing Financial Assistance to persons who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for emergency or other medically necessary care based on their individual financial situation. Main Line Health is committed to treating patients who have financial needs with the same dignity and consideration that is extended to all patients. Main Line Health's financial assistance procedures comply with all applicable federal, state and local laws. These procedures cover medically necessary health care services provided by Main Line Health including employed Main Line HealthCare providers. Non- employed physicians who are listed in Schedule D of the Main Line Health Patient Financial Assistance Policy located at mainlinehealth.org/patient-services/patient-billing/financial-assistance.

Collections policies

Main Line Health utilizes the following guidelines for collecting outstanding balances on patient accounts:

- Patients receive a minimum of four (4) balance-due statements and a series of phone call attempts, until the account balance is paid, payment arrangements have been made, or 120 days have expired with no agreed on payment.
- After 120 days of no agreed on payment, accounts are placed for recovery with a professional collection agency or attorney.
- Upon receipt of completed application, at any point in the above process, an account will be put on hold to review Charity Care/ Financial Assistance eligibility.

Note: MLH does not engage in any Extraordinary Collection Actions (ECA) activities, as defined by the IRS.

Refunds

We carefully research all patient credit balances and refund overpayments to patients in a timely manner.

Origination date: April 1, 2016

Key contacts: Main Line Health System Director, Central Business Office
Main Line Health System Director, Patient Access and Business Services
Main Line Health Care Director, Reimbursement Services
Main Line Health System Director, Single Billing Office