Subject: Patient Liability Assistance
Policy #: 7.31
Distribution Group: Customer Service

Riverside Health System understands that health care expenses are often unexpected and the costs may be more than patients can afford. Riverside Health System is a not-for-profit organization with a mission for providing excellent care without regard for ability to pay for clinically urgent care.

Riverside Health System patient liability assistance policies cover the following: Riverside Medical Group, Riverside Regional Medical Center, Riverside Tappahannock, Riverside Walter Reed, Riverside Shore Memorial, Doctors Hospital of Williamsburg, Riverside Rehabilitation Institute, Hampton Roads Specialty Hospital, Riverside Behavioral Health, a department of Riverside Regional Medical Center, and all locations which operate as a "department of" one of the above listed acute care facilities.

Installment Accounts

Patients who do not meet the qualifications for Financial Assistance (policy #7.30) are eligible to set up an Installment Account.

If a patient has insurance coverage, such insurance will be filed on behalf of the patient. Upon adjudication of insurance claim submissions and/or the establishment of patient liability, patients will receive monthly statements requesting payment.

Patient may contact the Patient Accounting Customer Service department to make arrangements to satisfy the established patient liability. Riverside provides flexible payment plans with convenient monthly payments. Listed below are the payment plan options:

- Up to Twenty-four (24) months, interest free payment plan. Patients are requested to establish automatic recurring payments from a credit, debit or checking account per system allowance. The account must be paid in full within 24 months. The minimum monthly payment is $25. See table 1. An extended payment plan greater than twenty-four (24) months with interest can be administered by a third party vendor. This will establish a fresh line of credit for payment of medical care costs. A guarantor may combine multiple accounts into one payment plan. The balance owed must be greater than $200. The monthly installment amount will be 2.5% of the balance or a $25 minimum payment, whichever is greater.

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Policy #: 7.31
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No financial criteria or financial application is required for the two payment plan options. Patients that have defaulted on a prior line of credit will have a two (2) year waiting period before being eligible for a new line of credit installment plan.

In House 24 Month Interest Free Installment Plans

Delinquent Monthly Installment

The responsibility of monitoring the in-house missed installments (24 months or less) will be monitored by the Patient Accounting Customer Service Department. A patient will not be given the option to move from a 24-month interest free installment to an extended payment plan. Defaulted installment accounts will be sent to collections after 3 consecutive missed payments (policy 7.34 Charge off Conditions).

Combined Accounts

If a patient is already set up on an installment account and wishes to combine another hospital account, the monthly installment amount is recalculated based on the total amount owed. The patient has the option to combine and pay off within the initial 24 month payment plan time period or establish a new payment plan for the combined amount. **Only active accounts will be combined. Accounts already in bad debt will not be considered for combination. A patient may not elect to cancel a 24 month payment plan and establish an extended payment plan for the same account. Current installment accounts in good standing can be combined with a new extended interest installment account.**

TABLE 1
MINIMUM PAY ARRANGEMENT

ACCOUNT BAL	# OF MONTHS	PAYMENT AMOUNT
$ XX	Up to 24 months maximum	$ XX / 24 ($25 minimum)

Subject: Patient Liability Assistance
Policy #: 7.31
Distribution Group: Customer Service

Extended Interest Installment Plans

Requested applications are sent to the patient and the account is placed on hold for 30 days. At the facility accounts are placed on a no bill w/ PH indicator and monitored by the Patient Accounting Customer Service Team Lead Analyst for 30 days.

Normal collection process will occur if application is not returned within 30 days. Returned applications are sent to the vendor along with required patient demographic and account information. The account is assigned the Interest Installment OFC Agency indicator. Completed applications are sent to the vendor on a weekly basis. The vendor is responsible to contact the patient, set up the installment plan, send patient statements, and collect payments.

The vendor will return a file and a check for monies collected to the Riverside Patient Accounting business office posting department monthly for payment posting, deposit and reconciliation. Only the principal payment is posted to the patient's account. The vendor retains interest and any late fees as their payment for providing the extended payment plans.

<u>Delinquent Monthly Installment</u>
Defaulted installment accounts will be returned to Riverside after 3 consecutive missed payments and failure of patient to respond to contact by the vendor. **If special circumstances exist** the vendor may elect to work with the patient for a short period of time before returning the account to Riverside. Returned accounts for default will be sent to collections (policy # 7.37 Collection Process - Acute).

<u>Combined Accounts</u>
Patient / Guarantor accounts can be combined into the same interest installment plan. These accounts can cross facilities. There will be separate combined accounts for RMG and Acute Care facilities.

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Catastrophic Care Liability Assistance

If a patient's aggregate medical bills within a twelve month period total more than 100% of annual income, the patient will be declared medically indigent and is eligible for 100% charity of patient liable amount, regardless of income.

Services Eligible under this Policy:
The following healthcare services are eligible for financial assistance, when eligibility criteria have been met:

1. Emergency medical services provided in an emergency room setting;
2. Services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual;
3. Non-elective services provided in response to life-threatening circumstances in a nonemergency room setting; and
4. Medically necessary services as defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
5. Patients referred from a Free Health Clinic to the hospital for diagnostics are automatically deemed eligible for charity if not covered by Medicare, Medicaid, or other payment source.