

Financial Policy

Whether you are new to Hermann Area District Hospital or we have had the pleasure of serving you over the years, we would like you to be aware of our Financial Policy. When you or your family member has a medical need, we are happy to participate in the care. When you utilize our services, you are responsible for the costs incurred. Understanding our Financial Policy is an essential element of your care and treatment. If you have additional questions, please feel free to discuss them with our staff.

Hermann Area District Hospital participates in many health insurance plans and managed care programs. It is your responsibility to understand the benefits and limits of your plan coverage. Hermann Area District Hospital will file claims for payment to primary and secondary insurance plans. You are responsible at the time of service for payment of co-pays, non-covered amounts, estimated co-insurance/deductible amounts and prior balances. Payment is expected at the time of service for uninsured patients unless payment arrangements are made in advance.

At each visit, you will be asked to provide:

- A current insurance card
- Photo identification
- Updated demographic information
- Payment of patient responsible amounts described above

Payment Methods. Cash, check, money order, and credit/debit card (MasterCard, Visa, Discover).

Financial Assistance and Sliding Fees. Low income patients may qualify for financial assistance. If the patient's family income is under the poverty guidelines for a family of their size they may be eligible for a discount. This sliding fee adjustment is based off the current Health & Human Services Poverty Guidelines and is only for patients residing within the Hermann Area Hospital District's defined service area. If you qualify for Sliding Fee at one of the HADH Rural Health Clinics, this can be applied to your charges for the same qualified date span. For further information and a form, if you think you may qualify, please contact Patient Accounts at 573-486-2169 or 573-486-2014. Please contact us the day of service or within a week, to begin the process.

Remaining Balances. Amounts due after insurance pays are billed to the patient/responsible party and due upon receipt. We realize that temporary financial difficulties may affect timely payment of your account. If such problems do arise, we ask that you contact our Patient Accounts staff promptly for assistance in the management of your account. They are available by calling 573-486-2169 from 8:00am to 4:30pm Monday thru Friday.

Workers' Compensation. Visits related to workers' compensation require the employer's authorization for treatment and billing information. If, however, the claim is denied or dropped, the patient is responsible for prompt payment of any outstanding balance. Regular medical insurance can be billed if prior to their timely filing deadline.

Accidents and Injuries. Accidents and injuries as a result of vehicle accidents or public liability are considered the personal responsibility of the patient. Any liability carrier or auto insurance billing information must be provided promptly.

Collections. If it becomes necessary to seek outside collection agency/legal assistance for balance collections, any and all additional costs associated with the legal collection of the debt will become part of the balance due. When accounts are submitted to outside entities for collection, certain information related to your treatment must be disclosed. Venue for any legal action shall be Gasconade County, Missouri.

Additional Fees.

- **Non-Hermann Area District Hospital services.** Fees for services provided by reference labs, pathologists, radiologists, surgeons and Specialty physicians seen in the Outpatient Clinic are separately billed. Please call the number provided on any bills received from these providers.
- **Returned checks.** All returned checks will incur a \$25 fee. This fee and the returned check fee will be required to be reimbursed by cash or cashier's check.
- **Rural Health Clinics.** Any office visits provided by the Hermann Area District Hospital Rural Health Clinics; Southwest Medical Associates, Hermann Medical Arts, Associated Medical Arts, and Medical Clinic of Owensville are separately billed from the Clinic Support Staff Billing Office. Please contact them at 573-486-1193.

Other Insurance Information:

No Insurance Card. The patient or guarantor will be financially responsible if the current insurance card is unavailable at the time of service. The account will be handled as self pay until this information is received.

- ❖ **Correct Insurance information.** Many insurances require us to file claims within a specified short time frame. If incorrect insurance information is provided at the time of service and the insurance denies payment, sometimes the charges become the liability of the patient or guarantor.
- ❖ **Reference labs.** If your insurance requires use of a specific reference laboratory, please inform our staff before the service is provided.
- ❖ **Insurance Requests.** Insurances may need additional information from the patient or member. Failure to comply with their requests in a timely manner will result in a shift of the financial responsibility from the insurance to the patient/responsible party.
- ❖ **Medicaid recipients.** If a Medicaid recipient also has private insurance coverage, we are required to bill the private insurance carrier first. Medicaid Spenddowns and co-pays are the patient's responsibility.
- ❖ **Flexible spending and Health Savings Accounts.** These are not part of our insurance agreements. Any remaining balances due after insurance reimbursement is received are due from the responsible party.
- ❖ **Preventive versus Problem-Focused Charges:**
 - Preventive or Wellness care – is when a healthy patient is seen to screen for illness or disease.
 - Problem-Focused care - is one where the patient has specific concern, symptom, complaint or disease to monitor.
 - Some insurance carriers only provide benefits for preventive while others may only provide benefits for problems. We recommend you contact your insurance carrier prior to your visit and inquire about the types of benefits you have.
 - We are sensitive to the financial burden this may place on some of you, however, our staff cannot misrepresent your non-covered service in an effort to obtain reimbursement from your insurance company as it is considered fraudulent.

Refunds. Refunds are issued when there are no outstanding insurance or patient balances. A credit balance may be transferred to an unpaid balance on an account with the same guarantor.