 memorial regional health	<input checked="" type="checkbox"/> MRH <input type="checkbox"/> CC <input type="checkbox"/> RHC	Page 1 of 3
DOCUMENT TITLE	Memorial Regional Health Payment Policy	
Document Type	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input type="checkbox"/> Guideline <input type="checkbox"/> Plan	
Department	Patient Financial Services	Effective Date 01/05/2022

PURPOSE:

Memorial Regional Health is committed to offering affordable services for all of our patients. MRH maintains a sliding fee discount program that provides discounts on patient out-of-pocket expenses, for patients who meet state, local and federal financial assistance requirements, including those promulgated by HRSA as part of the Health Center Program pursuant to Section 330 of the Public Health Service Act and related regulations and policies (collectively, Section 330). In addition, MRH has committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services.


POLICY:

- I. A patient scheduled to receive non-emergent, medically necessary medical care may be required to make a down or co-payment in advance for the medical care or procedure.
 - A. Patients with coverage under commercial insurance, coverage by an HMO, and/or any other coverage are required to pay co-payments and/or co-insurance payments as required under their plan of coverage.
 - B. Patients who are unable to make a down or co-payment at the time for service will be triaged by the medical provider to determine if the visit or procedure is medically necessary care.

- II. MRH will file claims with all accepted insurance providing plan and subscriber information furnished by patient at registration. In order for MRH to file the claims accurately, appropriate information must be provided, including but not limited to:
 - A. Patient's name
 - B. social security number
 - C. date of birth
 - D. policyholder's name
 - E. social security number
 - F. date of birth

- III. Any balance left to the patient after insurance has reviewed claims and made a determination on the claims must be acknowledged by the patient either through payment in full or initiation of a payment plan.
 - A. MRH offers a prompt pay 10% discount on coinsurance amounts left to non- employee patients that pay in full within 30 days of initial statement. The prompt pay discount is not available on deductibles or co-pays.
 - B. Self-pay patients are eligible for a 35% discount on initial balance.

- IV. Patients unable to pay the balance in full may contact an MRH financial counselor to discuss payment plans or financial assistance options.
 - A. Payment plans may be negotiated by the financial counselor but must fall within the following guidelines:

 memorial regional health	<input checked="" type="checkbox"/> MRH <input type="checkbox"/> CC <input type="checkbox"/> RHC	Page 2 of 3
DOCUMENT TITLE	Memorial Regional Health Payment Policy	
Document Type	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input type="checkbox"/> Guideline <input type="checkbox"/> Plan	
Department	Patient Financial Services	Effective Date 01/05/2022

1. Accounts must be paid in full within 24 months of date of service.
 2. Payment plans must be a minimum of \$25.00 per month.
- B. Payment negotiations can be approved by the Revenue Cycle Director outside of these parameters but cannot be forwarded for approval until patient has exhausted all financial assistance options. These accounts are considered on a case-by-case basis.

V. Discounts

A. Memorial Regional Health Employees

1. Option to set up payroll deduction with a minimum payment of \$20.00 per pay period
2. Receive a 20% discount (on all bills) and an extra 5% for prompt pay (if paid in full after first statement).

B. Moffat County School District Employees

1. Receive a 20% discount (on all bills) and an extra 5% for prompt pay (if paid in full after first statement).

C. No discounts are provided on copay or deductible amounts as this is an agreement patients have with the insurance companies.

VI. Patient Termination

A. MRH reserves the right to terminate patients who refuse to pay for services as defined by meeting all of the criteria below:


1. Not making a payment on their balance within six months of the date of service and not responding to MRH's requests for communication.
2. Refusing requests by MRH to meet with a Financial Counselor to discuss and participate in one of the payment options described above; and
3. Failure to submit a completed financial assistance packet.

B. If these criteria are met:

1. MRH will make at least two documented attempts to contact the patient to explain the patient's obligations.
2. MRH will and offer a meeting with either a Financial Counselor or a Billing Department representative.
3. These attempts will be made via telephone and in writing.

C. If MRH is unable to reach the patient and either encourage them to meet with a Financial Counselor or make a payment directly, then as an option of last resort, MRH will terminate the patient and they will no longer be able to receive additional services at MRH (except in the case of emergencies) until they are willing to meet the patient obligations described herein.

VII. No patient shall be discriminated against based on race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, disability, age, or genetic information (including family medical history).

 memorial regional health	<input checked="" type="checkbox"/> MRH <input type="checkbox"/> CC <input type="checkbox"/> RHC		Page 3 of 3
DOCUMENT TITLE	Memorial Regional Health Payment Policy		
Document Type	<input checked="" type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol <input type="checkbox"/> Guideline <input type="checkbox"/> Plan		
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