



Patient Financial Handbook

Effective 6/1/2022



Satanta District Hospital (SDH) provides quality medical healthcare with heart 24 hours a day, 365 days a year. These essential services will be provided to patients regardless of a person's ability to pay. Individuals though do have an obligation to pay for the services they have received.

For us to be able to provide the best possible health care to our service area and community we must collect debts in a fair and consistent manner, by complying with all applicable rules and regulations. It is necessary to treat everyone in the same manner regarding the extension of credit, collection procedures, and payment by Federal Law. We treat everyone in the same manner with consistent criteria with regard to ethnic status, age, gender, or any other factors. We use consistent criteria so nothing can be used to differentiate or discriminate in any credit transactions.

The following *Patient Financial Handbook* is to help you as the consumer understand what to expect from SDH and what SDH expects from you.

For more specific details of our patient collection practices, you may request a copy of SDH's Collection Policy.

Satanta District Hospital Patient Financial Handbook

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Satanta District Hospital

Patient Financial Handbook

1. Treatment Authorizations:

When you sign consent for treatment you are authorizing:

- a.** SDH to treat you.
- b.** SDH to bill your insurance for services rendered.
- c.** Assignment of medical benefits to SDH.
- d.** Financial liability for any balances after insurance.
- e.** SDH to provide your health insurance company all your patient information, that includes but is not limited to any and all medical records or other documents relating to your treatment including itemizations of any charges and payments on your account that is deemed necessary to process this claim.

SDH to release any and all information and medical records necessary to collect this debt.

There are circumstances that may occur preventing us from getting the necessary financial guarantor signature. In these situations even if you have not signed, patients are still liable for payment under the theory of implied-in-law contract or quasi-contract. If a patient receives services and doesn't pay for them, they would benefit unjustly at the provider's expense. Ultimately determining, if a patient accepts our medical services, it is implied that they also accept responsibility to pay for medical services rendered.

2. Assignment of Benefits:

When signing our treatment authorization, you are assigning medical benefits to SDH. If your benefits are not assigned to SDH, you the patient will be asked to make payment in full, or pay part of the bill the same day services are rendered as well as making payment arrangements in which payment should be made by due date on the first statement received. If your insurance pays you directly, you will

be asked to make your payment in full within ten days of that payment.

If we do not accept assignment of benefits and your insurance company has not paid your account in full within ninety (90) days, you will be expected to pay your balance. Please note that some or perhaps all of the services provided may be non-covered services. In addition, some services may not be considered reasonable and/or necessary under the Medicare Program or other medical insurance.

3. Supplying Billing Information:

Patients and guarantors are responsible for providing SDH with their current mailing address and phone information for accurate billing purposes.

4. Co-Pays:

SDH will expect you to pay for the co-pay as stated on your insurance card prior to seeing a medical provider in either our Rural Health Clinics or Specialty Clinic.

All un-insured patients will be required to pay for their Office Visit prior to service. Please make arrangements to bring the amount with you at the time of your appointment. **If you are unable to pay for your visit at the time of service we can reschedule your appointment for a later date.**

5. Insurance Information:

At the time of each check-in encounter, you may expect one of our Admission Clerks to verify all your insurance information. As a reminder SDH is not required to bill your insurance company, but we file insurance as a courtesy to our patients. In order for us to be able to submit claims correctly for you, you must show your current insurance card(s) at the time of service. If your insurance information has changes, please let us know as soon as possible. If you do not provide us with your accurate insurance information within the timely filing deadlines, you will be held responsible for the entire bill.

6. Prior Authorizations:

In most cases certain services require prior authorization from your insurance carrier. Staff is here to help you with prior authorization requirements. **However**, you are still responsible for insuring that all prior authorizations are completed prior to the service.

7. Insurance:

If we do not receive all necessary information to file a claim, or insurance coverage cannot be verified, the patient will be asked to make payment in full or make a partial payment along with a payment arrangement with one of our Admission/Billing Clerks.

Any balances applied towards the patients' deductibles, co-insurance, or spend-downs or not covered will be due by the due date on the first statement for the amount notated. Unless you have applied for our Patient Financial Assistance or made other financial arrangements.

For Emergency Room treatment, we must receive your insurance information within 24 hours of service. If you as the patient do not present your medical card promptly, you will be responsible for payment of the account in full.

Emergency room co-pay, as listed on your insurance card, should be paid prior to leaving SDH during business hours, if after hours should be paid next business day. The remaining balance after insurance may be applied to a payment plan according to the hospital's payment guidelines.

Satanta District Hospital will not accept a delay in payment to disputes and/or litigation. Accounts that are over ninety (90) days may be considered the patient's full liability.

If liability or property insurance is involved, we may only bill and accept assignment from your health insurance benefits after the property or liability insurance has paid.

8. Medicare:

Medicare patients must present their Medicare card upon admission to the hospital. We will also need to be notified if your retirement date is different than the date you became eligible for Medicare in order for us to file your claim. If you are only enrolled in Medicare

Part A benefits, we will not add that as an insurance carrier to be billed for you for outpatient/clinic services. Medicare Part B is what covers these types of services. Medicare Part A only covers Acute Inpatient stays. Please note that Medicare Supplement insurances will not cover claims that have been denied by Medicare because you are not enrolled in Medicare Part B benefits.

9. Medicare Advantage Plans:

If you have enrolled into a Medicare Advantage Plan or PPO as listed on your insurance card, this is not a Medicare supplemental insurance. It takes place of your traditional Medicare, and you should not provide your traditional red, white, and blue insurance card at the time of new registrations. You will need to provide your Medicare Advantage Card.

You are responsible for your co-pays under a Medicare Advantage plan.

10. Changes to Report Medicare:

If you change secondary insurance coverage or your working status changes, you need to call Medicare at 1-800-999-1118 and let them know. This will ensure they have the most recent information listed for you, which will help when it comes to billing purposes.

11. Medicaid:

We ONLY accept Kansas Medicaid cards. It is your responsibility to provide us with a copy of your current Medicaid or Kancare card at the time of service. If it is not provided within the timely filing limit, you will be responsible for your bill in its entirety.

We do not accept out-of-state Medicaid since we are not contracted with them as a provider. If you have out of state Medicaid, you will need to see the Business Office to make payment arrangements.

12. Accidents:

WHERE your accident happened is very important to determine who is the responsibly party for your claim. WHEN your accident happened is important so all related visits after the accident can be traced back to that accident date. HOW your accident happened is also very important. Please be sure to give us detailed information, so we

can submit the claim to the appropriate insurance company. Your claim may be covered by auto, work, home, or liability coverage.

a. Auto Coverage:

Kansas is considered a no-fault state. If you are a titled owner of a vehicle and are involved in an auto accident, we will need your auto insurance information, even if you are not found at fault.

If you are in an accident and a car was involved in any manner, your auto insurance will be responsible. Examples include but are not limited to: fell off the bed of a truck, tire fell on your foot, or slammed hand in car door.

In order to accurately bill your claim(s) we will need the name and address of your insurance company, your agent name, phone number, claim number and date of accident. If your injury occurred in someone else's care, we will also need the same information from their insurance, in case your benefits become exhausted.

Your health insurance will deny your claim unless we have payment or denial from your auto insurance.

b. Workers' Compensation: It is your responsibility to report a work related injury to your employer immediately. Failing to report your injury or accident may result in the loss of benefits. Your employer must complete and sign a written authorization/incident report form. It's your responsibility to bring this completed form with you along with all billing information for your account that includes, employer name and address, workers compensation carrier name and address, contact person/claim adjuster, telephone number, and claim number.

Hospital personnel must be notified and informed at the time of admission for all services to be rendered are due to injuries that occurred on the job, on the company time, or as a result of occupational circumstances. In addition, patients must notify their employer or workers compensation claim adjuster if recurring/additional services are required after an initial service. All services not authorized by the worker's compensation will be the responsibility of the patient.

Your health insurance will not pay on your claims until we have received payment or denial from the work comp carrier.

c. Slips, Falls, and Other Accidents: If you were injured at a place of business, on a residential property, in a residential dwelling, or have a liability claim, we will require the following:

1. Homeowner's, business owner's, or third-party's name,
2. The insurance company's name, address, and phone number,
3. Owner's agent/adjuster's name,
4. The claim number

13. Hospice:

If you or a loved one are receiving care from a Hospice provider, please let us know at the time of admission. Hospice affects how we must handle your claims.

14. Good Faith Estimate:

Admission/Billing Clerks will provide estimates for services to be rendered for all self-pay patients prior to services being rendered. Both scheduled and non-scheduled services for patients will have an estimate for the patient, so there is no surprise billing. This does not include any emergency services.

Any patient can inquire an estimate for services to be rendered regardless of insurance coverage. SDH also has a price transparency tool on our website available to help assist in figuring out your out-of-pocket expense.

15. Self-pay Balances:

After we receive payment from your insurance, any balance remaining will become your responsibility and will be listed on your next monthly statement.

If your insurance agency requests information from you on an injury or illness it is important that you respond in a timely manner. If a response is not made within thirty (30) days, your account will be moved to a self-pay status and you will become responsible for the entire bill. If you have missed the insurance company's timely filing deadline, you will be held responsible for the entire bill. If you have any questions, we are here to assist you.

- a. If an insurance payment has not been received within ninety (90) days after we have filed a claim or once we have submitted three (3) claims, our Billing Clerk will call the insurance company to find out the status of the claim. After we've checked on the status of the claim and insurance still fails to send payment, the patient will be responsible to pay the account in full or make payment arrangements with the Business Office. It is the patient's responsibility to see that their insurance pays SDH in a prompt manner.
- b. Our facility statements are processed on a monthly cycle. Any address or phone changes that you may have should be provided to us at your earliest convenience, to ensure you receive statements and other important information. If we cannot reach you, your account is at risk of going to a collection agency. If we receive a returned statement from the postal service with no other address forwarding information for you, your account is at risk to going to a collection agency as well. Our ultimate goal is to work with you to prevent this from happening.
- c. At SDH we offer a Discount for patients or guarantors that are wanting to pay off their self-pay accounts in full. To qualify for one of our two discounts, you can contact the Business Office to see if you qualify. The following services are excluded from our discount policy:
 - i. Skilled or Intermediate Swingbeds
 - ii. Long-Term Care
 - iii. Legacy Suites
- d. Payment on statements are due by the due date on the first statement unless you have applied for our patient Financial Assistance. When mailing in a payment please return the top portion of the statement along with your payment to ensure proper posting.

16. Minimum Payments and Payment Arrangements:

If full payment cannot be made; you will need to contact the Business Office to make payment arrangements that are equitable for both you and SDH. Our Approved Payment Schedule is as follows,

<u>Account Balance</u>	<u>Monthly Payment</u>
\$50 and under	Payment in Full within 30 days
\$51 - \$500	Minimum \$50 per month
\$501 - \$1,000	Min. 10% of total balance owed per mo.
\$1,001 - \$2,500	Min. 7.5% of total balance owed per mo.
\$2,501 - \$5,000	Min. 3.75% of total balance owed per mo.

Accounts with balances greater than \$5,000.00 will be evaluated on a case-by-case basis.

If your payment does not fall within these guidelines, it is imperative that you make payment arrangements with the Business Office. Failure to do so may result in your account being turned over to a collections agency as well as to the Kansas Set-Off Program (See section 25). To make payment arrangements with the Business Office you can call 620-649-2761.

17. Payment Options:

SDH accepts cash, checks, money orders, debit cards, as well as all major credit cards. For your convenience, we also accept automatic monthly payments from your debit or credit card. To set up automatic payments please contact the Business Office at 620-649-2761.

18. Where to pay:

a. Mail in payments to:

Satanta District Hospital
P.O. Box 159
Satanta, KS 67870-0159

b. Deliver payments to:

SDH Business Office
SDH Clinics at Satanta Clinic or Sublette Clinic

c. Pay on-line:

A “Pay Now” link is also available on our website at
www.satantahospital.net.

Business Office clerks are available Monday through Friday 7:00a.m. to 5:00p.m. For assistance, please contact us by phone at 620-649-2761 or come by in person.

19. Posting Payments:

Payments are reviewed and posted to accounts daily by our billing clerk. Unless specified by the payee, all payments will be posted to the oldest patient account under that guarantor. This process ensures proper documentation of the last payment is made easily available for processing the aging of accounts.

20. Credit Balances and Refunds:

Credit balances may be caused by over-payment on the account or by the patient paying a co-pay that the insurance did not apply. Prior to us issuing a refund for a credit balance, all accounts under the guarantor will be checked to verify that the funds should not be transferred to another account. If there is not an appropriate place to transfer the credit, refunds will be processed. Credits less than \$20.00 may be held for up to 6 months and applied to new charges.

21. Itemizations:

You may request an itemization of charges at any time. All requests will be answered in a prompt manner. To request itemization of charges please contact the Business Office at 620-649-2761.

22. Returned Checks:

When making a payment to SDH please do not use a non-sufficient fund check or apply a stop check. This will result in a \$30.00 increase to your bill. Upon notification of a returned check:

- a. SDH will send all returned checks directly to BSI.
- b. You will receive a notice by mail that your check was returned by your bank unpaid.
- c. A service charge of \$30.00 will be added to your account. You will be responsible for paying the additional amount your check was wrote out for plus the service charge within 10 business days.
- d. SDH will not accept another check to replace a non-sufficient fund check. Payment must be made by cash, money order, or certified check.

23. Collections:

Federal Law requires hospitals to apply their billing and collection criteria consistently to all patients. Unpaid bills may ultimately be turned over to a collection agency.

Failure to make acceptable monthly payments may also result in your account being sent to the collection agency.

- a. SDH will notify you, by letter, that you have thirty (30) business days to make a payment or payment arrangement. If neither are made your account will be forwarded to the collections Account Recovery Specialists, Inc. (ARSI)
- b. If your account goes to collections, interest and court costs may be applied as allowed by law, as SDH also incurs additional collection fees.
- c. Accounts will also be listed with the Kansas Setoff Program for Collection.(see section 25)
- d. Once accounts are assigned to ARSI you must contact that collection agency for settling the account.

24. Collection Agencies:

Credit Bureau Services, Inc (CBSI)
1135 College DR I2
Garden City, KS 67846
620-276-7631

Account Recovery Specialists Inc. (ARSI)
200 W Wyatt Earp
Dodge City, KS 67801
620-227-8510

25. Kansas Setoff Program:

Since we are a district owned facility, we also have the ability to turn accounts into the Kansas Setoff Program, which will take money from your Kansas State tax return. State Statute 75-6203(a) states “The collection remedy under this act is in addition to and not in substitution for any other remedy available by law.”

26. Collection Costs and Procedures:

If your account becomes delinquent, you agree to pay an additional charge to collect your unpaid bills. Which would include but is not limited to: Reasonable attorney fees, court costs, and collection agency fees.

You as the patient or guarantor acknowledge that we reserve the right to release any information to the collection agencies that we deem necessary to assist its staff and its attorneys in the collection of this debt.

For additional information, please contact the Business Office at 620-649-2761.

27. Divorce and Blended Families:

Divorce is a civil dispute between husband and wife. After a divorce either parent's responsibility to pay is not wiped out. All services for minor children should be paid for by the parent who requested and signed for medical treatment. However, both parents are responsible for the support of their children regardless of who has primary custody, who signed the consent for treatment, or who is carrying the insurance. Both parents are responsible for their children's bills until each child reaches 18 years of age.

SDH does not honor a percent of responsibility designated in a divorce decree because they were not a part of the court proceedings. Both parents are responsible, and the percent set out in the decree should be settled between the father and mother of the children.

28. Minor Patients:

The parent or guardian accompanying a minor is responsible for payment of the minor's account balance. A minor who is not accompanied by either a parent or legal guardian will be denied any non-emergent services unless charges for payment have been preauthorized.

29. Age of Majority:

Whenever a minor child turns 18 years of age, they will be listed as their own guarantor for all services following their 18th birthday. Even if the child is covered under their parent's insurance policy or are a full time student. Parents are not legally responsible for payment for a

child over the age of 18. Parents requesting information will need a release of information from their adult child.

30. Financial Assistance:

Satanta District Hospital provides access to emergent or medically necessary health care for all patients, including those who qualify for Financial Assistance. Patients seeking Financial Assistance must apply for the program, summarized below.

Eligible Services- Emergent and/or medically necessary healthcare Services provided by SDH.

Eligible Patients- Patients that have received eligible services, who submit a completed Financial Assistance Application including related documentation/information.

Application Period- The application period begins on the date of service and ends on the 240th day following first discharge statement date. Patient are encouraged to apply once they have received their first statement.

How to Apply- Financial Assistance Applications may be obtained, completed, and submitted as follows.

- Obtain an application at any of the following locations:
 - Satanta District Hospital – Business Office
401 Cheyenne Ave Satanta, KS 67870
 - Satanta Clinic – Admissions
410 Cheyenne Ave Satanta, KS 67870
 - Sublette Clinic/Haskell County Health Department – Admissions
301 Derby St. Sublette, KS 67877
- Request to have an application mailed by calling 620-649-2761.

- Download an application through SDH website:
www.satantahospital.net

Determination of Financial Assistance Eligibility – Patient are eligible for financial assistance based on income level and assets. To qualify, available assets must not exceed \$5,000. Patients with family income of 125% of the federal poverty level or less may be eligible for a discount of 100%. Patients with family income of over 125% of the federal poverty level may be eligible for a partial discount under certain medical hardship circumstances. Any amount not discounted after a partial discount will be the patient's responsibility to pay the remaining balance.

Thank you

*We appreciate you choosing
Satanta District Hospital, Clinics, & Long-Term Care
as your medical home for all your
health care needs.*

*We strive to make each experience
the best possible for every patient and guest through
service excellence and understanding of each patient's
unique needs.*

**For all other inquires please call the Business Office at
(620) 649-2761**