

STATEMENTS

Patients will receive an itemized statement, after discharge, of services provided at Delta Regional Medical Center. Monthly statements will be mailed, and insurance payments, once received, will be reflected on the statements. In addition, the insurance company will send an explanation of benefits form notifying patients of insurance payments. Patients unable to pay the balance due after insurance should call the number on the statement to make appropriate arrangements.

CONTACT INFORMATION

We are available at the following numbers to answer any questions.

ADMISSION / REGISTRATION

(662) 725-2031, 725-2215

PATIENT FINANCIAL SERVICES

Hospital: (662) 725-2040

Delta Medical Group: (662) 725-2737

DIRECTOR PATIENT ACCESS SERVICES

(662) 725-2009

ELIGIBILITY SERVICES

(662) 725-2855

DIRECTOR OF ELIGIBILITY SERVICES

(662) 725-2029

ER ADMISSION/REGISTRATION

(662) 725-2211, 725-2647

FINANCIAL COUNSELOR (Pre-admission)

Hospital: (662) 725-2212

Delta Medical Group: (662) 335-9111

MRI ADMISSION / REGISTRATION

(662) 725-4430

PRE-ADMISSION NURSE (662) 725-2073

SCHEDULING (662) 725-3790

DIAL PATIENT'S HOSPITAL ROOM DIRECT

(662) 725 + 2 + ROOM NUMBER

REHAB SERVICES IN-PATIENT VISIT

(662) 725 + 1 + ROOM NUMBER

Billing Practices



 **Delta Regional**
MEDICAL CENTER

1400 East Union Street
Greenville, Mississippi 38704
(662) 378-3783

www.deltaregional.com

Delta Regional Medical Center is pleased to provide this information to help you understand our patient billing practices.

We are committed to fulfilling our mission of providing the highest quality health care to the citizens of our community. To ensure the success of this commitment, we must be financially responsible. We take a positive and proactive approach to patient billing and collections with the goal of receiving payment for services rendered in the most efficient, timely, and customer-oriented manner possible. We also understand that billing and collections for health care services can be confusing. To assist you in understanding these billing services and to answer any questions you may have in advance, please review the following material.

PROCESSING YOUR BILL

For patients with current insurance coverage, including Medicare, Medicaid or other governmental coverage, the hospital will bill the insurance carrier shortly after health care services have been rendered. Patients are required to sign an Assignment of Benefits form to allow Delta Regional Medical Center to process the insurance claim. Patients may continue to receive monthly statements pending payment by the insurance carrier. If the insurance carrier has not made payment after a reasonable amount of time, the hospital may ask for assistance in getting the bill paid. The final responsibility for the payment of the hospital bill always rests with the patient or the patient's guarantor.

PATIENT DEDUCTIBLES AND CO-PAYS

As a routine practice, the hospital attempts to collect all known patient expenses prior to the delivery of services, when appropriate, or when the patient is in the hospital. This includes deductibles, co-pays, co-insurance and other non-covered amounts. Because treatment plans may change, it is difficult to know the final total charges at the time of admission or discharge from the hospital. The amounts discussed prior to the delivery of services or discharge are estimated amounts based on the

information known at that time, and it is possible that the patient portion of the hospital bill may be more, or less, after discharge. Patients with no insurance will be requested to make a deposit upon admission which will be applied toward the hospital bill. The amount of the deposit varies based on the services to be rendered and the estimated charges for the services. A Financial Counselor is available to discuss the payment requirements prior to admission or discharge.

PRIOR AUTHORIZATION

Your insurance company may require some tests and/or procedures to be prior authorized. Please note that it is the patient's responsibility to ensure that the prior authorization is in place prior to proceeding with the tests or paying out-of-pocket for the tests and/or procedures prior to receiving treatment.

FINANCIAL ARRANGEMENTS

Patients may enter into a contract arrangement for the payment of patient balances when it is not possible to pay the entire amount prior to admission or discharge. Financial contracts need to be arranged through a Financial Counselor at Delta Regional Medical Center prior to admission or discharge. After discharge, patients seeking to make Financial Arrangements should call the Patient Financial Services Department at 662-725-2190. Contracts not honored may be turned over to an outside Collections Agency.

PHYSICIAN BILLING

Professional fees charged by physicians for services provided are billed by the physicians, separate from the hospital bill. Patients having questions regarding a physician bill may call the telephone number listed on the statement. In addition, these physicians may or may not be considered by the insurance carrier as "In network." Delta Regional Medical Center will provide assistance to patients in helping to determine if physicians are considered "in network" by the insurance carrier. Patients with questions should call the insurance carrier for more information.

Physicians that may bill separately include: Personal Physicians, Radiologists, Pathologists, Emergency Department Physicians, Anesthesiologists, Consulting Physicians

SCREENING FOR FINANCIAL ASSISTANCE

Delta Regional Medical Center will provide uninsured and underinsured patients an opportunity to meet with a financial counselor or certified application counselor

who will provide assistance with identifying any source of payment for their hospital bill. This assistance may include helping the patient with the application process through the Health Insurance MarketPlace, filing an application for Medicaid, Disability, or other governmental programs. In addition, self pay patients are provided care at a discounted rate as outlined in the Financial Assistance Policy.

PATIENTS WITHIN THE WASHINGTON COUNTY COMMUNITY

Eligibility for charity care will be considered for those individuals who are **residents of Washington County** and who are uninsured, underinsured, ineligible for any government health care benefit program and who are unable to pay for their care, based upon a determination of financial need in accordance with poverty income guidelines issued by The U.S. Department of Health and Human Services as outlined in the Financial Assistance Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

METHOD BY WHICH PATIENTS MAY APPLY FOR CHARITY CARE

Financial need will be determined in accordance with procedures that involve an individual assessment of financial need; include an application process, in which the patient or the patient's guarantor are required to cooperate and supply personal, financial and other information and documentation relevant to making a determination of financial need;

Include the use of external publically available data sources that provide information on a patient's or a patient's guarantor's ability to pay (such as credit scoring);

Include reasonable efforts by Delta Regional Medical Center to explore appropriate alternative sources of payment and coverage from public and private payment programs, and to assist patients to apply for such programs;

Take into account the patient's available assets, and all other financial resources available to the patient; and include a review of the patient's outstanding accounts receivable for prior services rendered and the patient's payment history.

For more information regarding the Financial Assistance Policy or to obtain an application for charity care, please call 662-725-2855.