



THE PAIUTE INDIAN TRIBE OF UTAH

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BILLING AND COLLECTIONS POLICY AND PROCEDURE NOVEMBER 2017

Policy: It is the policy of the Paiute Indian Tribe of Utah (PITU) to maximize the billing and collection revenue so these funds can be used to support the operational cost of the Health Department. PITU will make reasonable efforts to secure payments from patients for the full amount of fees for services rendered without application of any discount.

A. Billing and Collections Process and Guidelines:

1. Patients are required to pay for services in full unless the patient qualifies for the sliding fee discount. If the patient qualifies for sliding fee discount, payment in the amount of the minimum is required.
2. The patient who cannot pay in full on the date the services were rendered must establish a payment plan with the organization.
3. The patient's account balance must be paid in full within 90 days from the date the services were rendered or must contact the business office to set up a payment plan.
4. At the time of treatment, self-pay patients will be urged to make payment for services provided. The sliding fee scale is to be explained to all patients who qualify for it based upon family income and size. Credit or deferred payment will be discussed with those patients who request it. Patients with insurance or third party coverage will be informed of their liabilities for payment if their third party benefits do not cover the total amounts of the submitted bill, or for services not covered by their insurance policy. Patients who did not bring their insurance forms if applicable, will be requested to mail or bring them into the nearest health center.
5. Fees should be accurately computed using procedure fee lists. Sliding fee scale adjustments, other discounts and balance due should also be computed and recorded. A patient's previous balance, if any, should be reviewed and our collection policy should be reiterated to the patient.

6. If a patient disputes the accuracy of his/her bill, an attempt will be made to resolve the disputed balance. Billing and collection records are reviewed at the end of every month. All accounts will be billed. Delinquent accounts will need a reminder of the overdue account.
7. Bureau of Public Health Care (BPHC) policy states that is necessary to submit bills to all third party payers and self-pay patients within 30 days from the date on which services were rendered. The 30 day period is the maximum length of time for the billing cycle. Delay in billing would present an adverse impact on cash flow. Providers normally have 48 hours after the encounter to complete the notes. Medicaid and Medicare and other third-party payers shall be billed in the normal manner daily or within the 30 day limit by the billing office

B. Delinquent Accounts

In order to reduce the cost of mailing out bills or statements, patients should be asked to pay before they leave the clinic. The following procedures are appropriate:

1. Follow-up on outstanding account balances:

Patients with outstanding balances will be billed by mail. Where appropriate, a message will be included with the statement indicating that the balance is delinquent.

If there is no response within 30 days of the date mailed, then a second bill will be sent to the patient. A message will be included urging the patient to make full or partial payment or to contact the billing office to work out a payment plan. Messages will become increasingly severe with each notice.

2. Follow-up by Collection Agency

Currently the Paiute Indian Tribe of Utah does not want to enlist an outside agency to collect. The Tribal Council can vote to change this at any time.

C. Bad Debt/Uncollectable Account Write-off

Any account which has an outstanding balance for 180 days is considered uncollectible and will be adjusted off as bad debt. Extenuating circumstances with the patient's untimely payments may be taken into consideration for the outstanding balance. Accounts that reach the 180 day threshold will be reviewed on a monthly basis by the health department operations team.

If the patient was not aware of potentially being eligible for receiving medical care at a reduced rate, the patient may qualify for a sliding fee discount for the period of time in question. Please follow the procedures regarding sliding fee discounts and eligibility requirements. However, the income eligibility must include the time period beginning with the age of the account balance subject to being written off as a bad debt.

Patient financial hardship will be considered on a case-by-case basis and may serve as a reason for waiving patient fees. Any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services. Whether something is a financial hardship will depend on the patient's entire situation. A financial hardship will relinquish the patient's financial responsibility for the time period stated within the financial hardship review. The Health Director and/or Tribal Administrator have the authority to determine if a patient has a financial hardship. No other staff have the authority to determine that a patient has a financial hardship or to waive patient fees. Payment agreements are a viable option for hardship cases. Examples include, but not limited to;

- a. House in foreclosure
- b. Loss of income
- c. Extensive medical bills

If the patient would not have qualified for receiving medical care at a reduced rate or if the patient is not a "Hardship" case then the account will be written off as a bad debt. This does not relieve the patient's responsibility for the payment of the amount written off. Payment for the amount written off is expected. If an account has been written off, the patient is deemed a credit risk and credit can no longer be extended. Having the patient establish a payment plan with the organization will allow for the recovery of some, if not all, of the money written off and the patient can establish an acceptable credit history with the organization. The health center has not elected to deny services based on a patient's refusal to pay.

D. Payment Arrangement Application Process.

1. A minimum of \$25 or 10% of the balance will be due each month. (whichever is greater)
2. A payment agreement letter will be signed by the patient/guarantor.
3. If the balance increases, so does the minimum monthly amount due.



Tamra Borhardt-Slayton
Tribal Chairperson

11/22/17

Date