

## **Kindred Hospitals – Florida District Financial Assistance and Collection Guidelines**

### **Policy / Purpose Statement**

Kindred Hospitals in Florida are committed to providing high quality, comprehensive health care services to patients. Kindred Hospitals strive to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Kindred's procedures for obtaining financial assistance and to contribute to the cost of Kindred's care, based on individual ability to pay. This policy does not apply to physician services.

### **Payment Plan and Resources**

If a patient is admitted to Kindred Hospital but is unable to make payments, the patient or his/her legal representative should contact the Hospital's Case Manager to review alternative payment options, including a payment plan.

### **Financial Assistance and Charity Care Process**

If a patient is admitted to Hospital and does not provide proof of coverage by a third party at the time the care is provided or upon discharge, the Hospital will provide the patient written notice of the following:

1. A statement of charges for services rendered by the hospital will be sent to the patient within thirty days.
2. A request that the patient inform the hospital if the patient has health insurance coverage, Medicare/Medicaid or other coverage.
3. A statement that if the consumer does not have health insurance coverage, the consumer may be eligible for Medicare/Medicaid or charity care.
4. A statement indicating how patients may obtain applications for the Medicaid program and that the hospital will provide these applications. If the patient does not indicate coverage by a third-party payer or requests a discounted price or charity care then the hospital will provide an application for the Medicaid or other governmental program to the patient. This application will be provided prior to discharge.

Information regarding the hospital's financial policies including the qualifications or questions regarding a patient's financial account should be directed to our business office at 713-884-2265.

## **Collection Guidelines**

1. Patient guarantors must complete a Financial Disclosure Statement, be in process with an eligibility application for a government sponsored insurance program or set up a payment plan within 60 days of final bill or the account may be assigned to a third party billing agency at full billed charges. The third party billing agency may charge interest.
2. Kindred may assign any financial obligation to a debt collection agency after 30 days past the due date where the patient has failed to comply with an established payment plan or non-payment on an account where the patient guarantor is not in process with an eligibility application for a government sponsored insurance program.
3. Patients with pending appeal for coverage of services will not be forwarded to a third party billing agency or collection agency until a final determination of that appeal is made. If the appeal is unfavorable and the patient is responsible for that outstanding obligation, the patient will be afforded the opportunity to qualify for a discount payment arrangement as prescribed above.
4. This policy does not apply to professional services provided to Kindred's patients by physicians or other medical providers including but not limited to Radiology, Anesthesiology, Pathology or Hospitalist services.