

<b>Attachment Title:</b>	<b>Statement of Policy Notices</b>		
<b>Attachment Number:</b>	BSWH.FIN.RC.IP.31.A2	<b>Last Review/Revision Date:</b>	7/2015

## Statement of Policy

### Financial Assistance Policy

As part of its mission and commitment to the community, Baylor Scott & White Health (BSWH) affiliated hospitals provide financial assistance to patients who qualify for assistance pursuant to BSWH's Financial Assistance Policy ("FAP"). All patients are eligible to apply for financial assistance including those with insurance. Established discount guidelines are utilized to determine what amount, if any, will qualify for financial assistance.

### Uninsured Discount Policy

It is the policy of BSWH to offer an Uninsured Patient Discount to patients who are Uninsured and who do not receive financial assistance under the FAP.

- The Uninsured Patient Discount will be applied on a consistent and nondiscriminatory basis.
- The Uninsured Patient Discount will apply to all non-covered health care items and services provided to a patient except those specifically excluded. Transplant services and services that are packaged priced, including cosmetic surgery, are excluded.
- The Uninsured Patient Discount may not be combined with any other discount including a financial assistance discount or prompt pay discount.
- The Uninsured Patient Discount will not apply to any item or service provided to a patient for which the Facility is required to collect a co-payment, coinsurance or deductible.
- The Uninsured Patient Discount is only available as a discount to the Final Bill.

### Interest Policy

BSWH does not apply interest to any account balance incurred by the patient.

### Itemized Statement Policy

It is the policy of BSWH to provide itemized statements upon request in accordance with the following guidelines:

- Itemized statements will be provided upon request to the patient, guarantor, and / or third party payor who may be responsible for paying all or part of a bill.
- The third party payor must be listed as an insurance provider on the account and we must have a signed and dated release of information form from the patient.
- Itemized statement requests from the patient, guarantor, and / or third party may be made by mail, telephone request, or in person at the treating facility.
- To insure appropriateness of release, confirmation of the identity of the requestor will be done.
- The request for the itemized statement must be made within 1 year of the patient's discharge or date of service if the requestor is the patient or guarantor and no more than one (1) year from when the claim was received by the third party payor, if the requestor is the insurance carrier.

## Statement of Policy Notes

- The itemized statement will be mailed to the patient within 10 business days from the date of the request and to the insurance carrier within 30 calendar days of their request.

## Billing Complaint Policy

BSWH has a Customer Service department that answers questions related to general inquiries, billing questions, making payments, and complaints. Customer Service staff will communicate expected response times on any issue that cannot be resolved at first contact. An escalation process is available for any unresolved complaint. Bilingual services are available.

## Notification of Insurance Participation

BSWH will furnish a written notification regarding the facilities participation status with the patient's insurance coverage for the date of service.

- Notification will be based on information received at time of service from the patient or patient representative.
  - Information may be based on verbal notification
  - Presentation of insurance card
  - Verification with the insurance company
  - Historical information available at time of service but not verified at the time of communication
- *Non-Emergent*  
BSWH personnel will furnish a written notification of participation at the time the patient is first admitted to the facility or first receives services at the facility.
- *Emergent*  
For services provided in the emergency department or as a result of an emergent direct admission, the facility will provide the written disclosure required before discharging the patient from the emergency department or facility.

## Standard Charges

BSWH provides patients with financial information that helps patients make important decisions regarding their health care options. BSWH participates in [txpricepoint.org](http://txpricepoint.org) and through this participation BSWH hospitals' standard charges are available for patients to access and review. Specifically, BSWH hospitals' standard charges are available by accessing <http://txpricepoint.org/>. These standard charges include the costs for caring for the uninsured and regulatory mandates as required by federal law and government and private payers, but they do not reflect proprietary negotiated rates with certain payers.

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.
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