

Revenue Management Credit Policy

Policy Statement:

The Mankato Clinic, Ltd. is committed to providing quality healthcare services to our entire service area while maintaining sound business and financial policies and procedures. Those policies or procedures include:

1. The Mankato Clinic, Ltd. will render medical care to all persons in need, regardless of race, creed, color or national origin.
2. For medical services rendered, all charges are due and payable upon receipt of receiving a statement.
3. All charges are the personal responsibility of the patient or responsible party regardless of insurance or other payment arrangements.
4. The Clinic will file insurance information for the patient when presented in a manner that makes it possible to do so.
5. Self-pay patients with no insurance will be counseled to make payment arrangements. If payment cannot be made in full, Mankato Clinic will provide options such as our Bank Vista program or Open Door or council/recommend patient on Medical Assistance options.
6. The clinic will follow credit policy guidelines for extended payment arrangements. Patients will have up to 90 days to pay balance in full. If a patient is unable to meet that payment guidelines the patient can use our Bank Financing option through Bank Vista that a Patient Account representative can assist with getting completed. Exceptions to this policy may be made on a case-by-case basis by Manager and/or Director
7. Delinquent accounts will receive a series of notification letters. The Clinic will enroll the use of a professional collection agency when payment of service or an acceptable payment arrangement is not met.
8. Per the requirements of the No Surprise Billing Act, uninsured patients will receive a Good Faith Estimate with the required elements when their visit is scheduled three days or more in advance. Patients of the Pain Centers of MN-Mankato and Mankato Clinic Endoscopy Center Ambulatory Surgery Centers whose insurance is not in network will be given the appropriate discounts as indicated by their payer.

GENERAL PATIENT ACCOUNTING PROCEDURES

1. All patients will be asked to see the Patient Specialist Coordinator on the day of their visit at the Mankato Clinic, Ltd. prior to seeing the Provider
2. It is the patients/guarantor's responsibility to provide correct and up to date insurance information at the time of registration. It remains the patient's responsibility to notify our offices of any insurance information changes. The patient will sign a consent form at the time of registration acknowledging responsibility for services rendered regardless of insurance coverage. This consent also authorizes the filing of medical claims to that insurance carrier. Claims filing procedures are followed once authorization is obtained. For contracted and Government payers, insurance information may be gathered and entered by verbal request from the patient, and through verification of eligibility through payer websites.
3. All local, regional and national healthcare laws and regulations are followed when billing the patient for balances, including, but not limited to, FDCPA, Truth in Lending Act, Fair Credit Billing Act, Bankruptcy Laws, and Medical Debt Fairness Act as applicable. The clinic will be compliant with the law where all third-party payers are concerned.
4. The Patient Support Coordinators will collect co-payments based on the specific insurance plan before sending patients to the service area. Co-payments may also be made through online Registration through the Phreesia application.

PATIENTS WITH THIRD PARTY INSURANCE

1. The Mankato Clinic, Ltd. will file all insurance provided by the patient in a timely manner and according to the specifications outlined in any provider contracts with those payers. Patient billable charges posted today are filed with the insurance company on the following business day.
2. It is the patients/guarantor's responsibility to provide correct and up to date insurance information at the time of service. It remains the patients/guarantor's responsibility to notify us of any insurance information changes. The patient will sign consent for authorization to file insurance and an acknowledgement of responsibility regardless of what insurance pays.
3. Co-pays will be requested at the time of service.
4. All local, regional and national healthcare laws and regulations are followed when billing medical claims. Appropriate Advanced Beneficiary Notices (ABN's)/waivers are issued by the department (s) involved. The ABN/waiver is then forwarded to the billing office for appropriate billing action.
5. All balances remaining after third party insurance are due and payable upon receipt of receiving a statement. If payment in full is not possible it is the responsibility of the guarantor to contact a Patient Account Representative so that payment arrangements can be made in accordance with our credit policy guidelines.
6. *See Monthly Statement Section*

PATIENTS WITH NO INSURANCE AND/OR CREDIT HISTORY

1. Emergent treatment of patients will not be denied due to their ability to pay for services. Mankato Clinic will review on case-by-case basis as to whether appointment or procedure can be postponed at provider's discretion. There are special circumstances where an elective surgery is postponed, delayed or cancelled depending upon the individual circumstances (See Elective Services section.)
2. Patients may be screened at the time of scheduling an appointment of their need to discuss their account balance. The Patient Account Representative is notified by the Receptionist/Scheduler when this is necessary. The Receptionist/Scheduler is alerted of this need by a computer-generated message attached to the patients' history number within the computer system.
3. Upon receiving Bankruptcy Notice, Mankato Clinic will handle the account in accordance with current Bankruptcy law.
4. If a patient is insured through certain contracted or Government payers (BCBS, Medicaid, Medicare, Ucare, MN Care, Preferred One, Medica, etc.) only co-payment amounts or payments on bills outstanding can be collected prior to service provided. (this excludes restricted or out of state Medicaid) Financial counseling will take place on their previous account balances
5. **PATIENTS REQUESTING ELECTIVE SERVICES**
(Example: Cosmetic Surgery, Infertility, Botox Injections for Cosmetic Purposes)
 - The Elective services listed above will be referred to the Patient Account Representatives and/or Patient Financial Services designee for an elective services interview. At that time, services may be discussed, and the patient's third-party insurance coverage will be verified for potential payment.
 - Prior to services being performed payment in full may be required for the elective services. The patient is required to keep their account balances in a current status. Taking into consideration any insurance coverage information received in item #1. Appropriate advance notice waivers will be signed as required by payers.

DEFINING GUARANTORS/FAMILY

1. The Mankato Clinic, Ltd. uses guarantor defined accounts for billing purposes. The person responsible for the minor's account can either be the biological parent, legal representative, or patient, or in the case of a foster child, the appropriate County. Once a patient turns 18, the patient will be made guarantor of the account. In the case of divorce, the child/children's charges will be billed to the parent with whom the child/children are living (physical custody). It is up to that parent to coordinate the portion owed with the

other party. Upon request, the child/children's charges can be placed on their own account, but the bill will be sent to the custodial parent.

2. All children over the age of 18 are moved onto their own account, thus creating their own statement. If a bill needs to be forwarded to a parent, it is up to the patient to forward the billing.
3. Mature minors (a person under the age of 18 that is living apart from their parents and managing their own financial affairs), and any minor who has been married or has given birth to a child and/or are legally emancipated are responsible for their own account set up.
4. In the event of Foreign Exchange student, the child is set up with the guarantor being their biological parent. The address that will be used is that of the Sponsor for billing purposes. Foster Children are set up with the county they are living in as the Guarantor.
5. Special circumstances will be allowed on a case-by-case basis, approved by the Administration or the Director of Revenue Management.

MONTHLY STATEMENTS

1. Statements are sent out on accounts with an outstanding balance.
2. Statements are generated daily. Once the statement file is generated, the information is transmitted to our statement processing vendor who produces the actual documents. Statements are then mailed or sent electronically to patients.
3. The patient/guarantor will receive a detailed statement the first time their visit(s) are billed for a particular service date. If this service is not paid in full by the next statement run, the balance only will reflect as previous balance, and no detail will be given on that month's statement. The statement is a running balance total.

COLLECTION LETTERS

Daily, collection letters and letters informing patients of our Bank Financing option are automatically generated by the computer system. A series of collection letters are processed by the Practice Management Credit & Collection software package.

PAYMENT GUIDELINES

1. Payment in full
 - Cash
 - Check
 - Money Order
 - Debit Card
 - Credit Card (Visa, Master Card, Discover, American Express)
2. Payment options
 - Patients have up to 90 days from the statement date to pay balance.
 - If a patient is unable to pay balance within 90 days, the patient can contact Mankato Clinic to check on eligibility of our Bank Financing program.
 - **PAYMENT PLAN TOOLS:**
 - Phreesia – Self-service
 - On-line payments
 - US Bank
 - Bank Vista Financing Insurance set-up
 - Apple Pay
 - Google Pay

CHECK/CREDIT/DEBIT CARD ACCEPTANCE

1. Visa, MasterCard, American Express and Discover credit and/or debit cards are all acceptable means of payment at the Mankato Clinic, Ltd.
2. Mankato Clinic provides an electronic check option.
3. Acceptance of the credit and/or debit card information can be done by telephone, on-line through the Mankato Clinic website, in person at Patient Support Coordinators or by statement return mailing.
4. NSF checks will prompt a \$30.00 fee for handling. The NSF check will be re-processed by the banking institution one time.
5. Mankato Clinic does not accept 3rd party, or post-dated checks as payment on accounts.

COLLECTION AGENCY

1. Accounts will be recognized as bad debt once the account has been placed with an outside agency.
2. Once an account is prepared for listing to the collection agency, the Patient Account Representative will handle all system functions and listing requirements.
3. Consideration of "call back" accounts will be made on an account-by-account basis. For several reasons an account can be returned for processing by our offices. At all times, the approval for such action must come from the Patient Financial Services Manager, and/or Director of Revenue Management and/or Administration.
4. Reconciliation on a bi-monthly basis occurs with the Agency acknowledgements of accounts listed.
5. Accounts with no-activity in a defined number of months may be closed & returned by the Agency at the discretion of Mankato Clinic.
6. Periodic monitoring of Agency contract compliance will take place by the Patient Financial Services Manager, and/or Director of Revenue Management