

**SUBJECT: Financial Policy for Patient Services**

**POLICY:** It is the policy of Pullman Regional Hospital to be committed to providing the highest quality of patient care within a framework of sound fiscal management. To attain this objective, patients receiving services at Pullman Regional Hospital are expected to pay for the services provided.

**Definitions:**

1. Acceptable insurance shall be defined as:
  - Assignable Health Insurance.
  - Governmental contracts and payers specific to Pullman Regional Hospital such as Medicare, Medicaid, and other insurances and contracts listed in the insurance master file.
2. Acceptable “cash” includes:
  - United States currency and coin.
  - Personal checks pre-printed with bank name, branch, address, as well patient/family name and address.
  - Certified checks, cashiers checks, bank drafts, money orders, and travelers checks.
  - Visa, Master Card, and Discover transactions with limit approval.

**Financial Policy for Patient Service:**

1. Patients whose insurance pays less than 100 percent of the charges will be expected to pay the balance within 30 days of receiving their bill. Patients that are able to pay the balance of the bill within 10 days of receiving the bill or that pay online could be eligible for a discount.
2. If the patient is unable to pay their portion within 30 days, a financial screening of the patient could be completed to determine if there is other assistance available.
3. When patients are unable to meet our financial requirements, the following guidelines should be observed depending on the type of services:
  - **Elective:** Financial evaluation of the admission should be documented. Following managerial and/or supervisor review and in consultation with the service department manager, a determination should be made as to the urgency of the admission versus postponing the case until financial matters can be reviewed further. The physician’s office may also need to be notified.
  - **Urgent:** Financial evaluation should be documented as described under “Elective Admission.” The urgent admission should be reviewed for medical necessity and recommended for immediate or alternative care. The physician’s office may also need to be notified.
  - **Emergent:** As defined by Emergency Department protocol and EMTALA regulations, “A hospital shall not delay providing appropriate medical screening examination or treatment to persons who come to the hospital requesting an examination or treatment of a medical condition by qualified medical personnel in order to inquire about the individual’s method of payment or insurance status.” Pullman Regional Hospital will provide emergency services and care to any person for whom services or care is requested. The hospital will not discriminate in providing these services based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, and/or economic status, ability to pay for medical services except to the extent that a circumstances such as age, sex, pre-existing

medical condition, or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

**Resources for Patient Financial Assistance:**

1. Patient Financial Services will refer the patient needing financial assistance for medical care to county, state and/or federal agencies as appropriate. Pullman Regional Hospital also has Financial Assistance available for patients who may qualify under specific Federal guidelines. These resources must be verified in advance by the Patient Financial Services Director or a designee before a determination is made.
2. Pullman Regional Hospital Assistance Program is defined as healthcare provided at no charge or at reduced charges to patients who do not have or cannot obtain adequate financial resources or other means to pay for their care. Partial and full assistance would be based solely on ability to pay and will not be based on race, ethnicity, religion, national origin, citizenship, age, sex, pre-existing medical condition, physical or mental handicap, insurance status, and/or economic status. Pullman Regional Hospital Assistance Program would be considered only when a reasonable effort has been made to seek other financial resources. Assistance will not be approved for non-medical necessary services (cosmetic surgery, patient convenience hospital days and services, or elective services, etc.). Every reasonable effort is to be made to secure Financial Assistance approval or denial prior to admission. See Charity Care Policy for additional details.

**Administration Exceptions:** In cases when an individual does not qualify for financial assistance, or cannot pay the patient liability portion, or establish reasonable payment options, the Patient Financial Services Director or a designee can make exceptions.

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Director of Patient Registration Services

Effective: 1/03  
Reviewed: 3/15 EO:bmc  
Revised: 3/12 EO:klv