



REQUEST FOR BOARD ACTION

ITEM NO. 3

DATE OF MEETING: April 4, 2016

REQUESTED BY: Carolyn Moser, Health and Human Services Director

SHORT TITLE: Discussion and Approval of the Fee Eligibility and Billing Policy.

BACKGROUND: The Health Department must review and submit their Fee Eligibility and Billing Policy to the Board of Health /Board of County Commissions annually to meet reaccreditation requirements. We request that the BOH/BOCC consider approving the board action to approve the Fee Eligibility and Billing Policy for the Health Department which is attached.

SPECIFIC ACTION REQUESTED: To consider a Board Action to Approve the Annual Health Department Fee Eligibility and Billing Policy.

PENDER COUNTY HEALTH DEPARTMENT

Title: Fee, Eligibility, and Billing Policy

Department: Fiscal Management

Effective Date: September 18, 2007

Last Revised: March 29, 2016

Approved by: _____

Carolyn Moser, MPA Date
Health & Human Services Director

_____ Date
George Brown, Chair
Board of Health

Background and Purpose: To define the process of fees, eligibility, and billing for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process fees, billing, and eligibility.

Policy: Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that mandated public health services are furnished for all citizens and then providing as many recommended and requested public health services as it can for those citizens with greatest need.

Pender County Health Department provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age, handicapped status or contraceptive preference.

Fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves. Fees may change during the year and clients may request a list of current fees at any time.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health & Human Services Director and approved by the Board of Health, and 2) they are not otherwise prohibited by law.

Fees collected (generated through reimbursement) will be maintained in an identifiable line item in the Health Department and the County Finance Office.

Pender County Health Department has the right to require "proof of income" when determining eligibility for all programs, with the exception of the Communicable Disease programs, state supplied immunizations and flat fee pre-paid services.

All staff members involved in fee services shall consistently follow the established guidelines for fee collection through the policy and procedure statements addressed in this document, and shall hold all client information confidential.

Identification – It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., or passport, visa, or green card, etc. A local health department may not require a client to present identification that includes a picture of the client in order to receive services in immunizations, pregnancy prevention, sexually transmitted disease and communicable disease.

Fee Collection – Fees will be collected after the service is received. If a patient is unable to pay their account balance in full the appropriate health department staff will have the patient sign a payment agreement. (See Attachment 1) An itemized receipt will be provided to individuals who pay and an itemized bill will be sent to individuals who do not complete payment. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for the service.

Exception: Adult Health clients who are self-pay are required to make payment upfront for preventative visits, sick visits, and labwork.

At the end of the fiscal year, outstanding accounts having no activity in more than 12 months shall be written off as bad debts (see Attachment 2). Any activity in the account shall reactivate the debt and further collection efforts will be undertaken.

The fee policy will be explained to each client with explanations of the purpose and details of procedures when the patient presents for services. Each patient is given an opportunity to pay and every effort will be made by the staff to collect total or partial payments or the co-pay for third-party billing on the day of the visits. Applicable deductible and co-insurance will be billed to the patient upon receipt of insurance Explanation of Benefits. Payment in full is required for flat fee services to include vaccines not supplied by the State, with the exception of those billed to third-party payers.

Provided that client confidentiality is not jeopardized, bills showing total charges (less sliding scale discount) will be mailed to patients monthly.

Patients with account balances who have demonstrated no "good faith" effort to pay may be subject to service restrictions. Service restrictions will be at the discretion of the health director or designee. Exception to this rule is Family Planning. Payment arrangements for Family Planning services will be made for unpaid balances.

SECTION I

FINANCIAL ELIGIBILITY GUIDELINES

Information regarding a client's income and family size will be documented in the Household Income section of the EHR.

DETERMINING GROSS INCOME

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks, and child support payments. In general gross income includes:

1. salaries, wages, commissions, fees, tips
2. overtime pay
3. earnings from self-employment
4. earnings from stocks, bonds, savings account interest, rentals, and other investment income
5. public assistance moneys
6. unemployment compensation
7. alimony payments
8. military allotments including re-enlistment bonuses, jump pay, uniform allowance, and cash allowances such as Family Subsistence Supplemental Allowances (FSSA)
9. Social Security benefits
10. Veterans Administration benefits
11. Supplementary Security Income (SSI) benefits
12. retirement and pension payments
13. workers compensation
14. student grants/stipends paid to the student for living expenses
15. Christmas bonuses, prize winnings
16. regular contributions from individuals not living in the household
17. all other sources of income that contributes to the household consumption of goods except those specifically excluded
18. Lawn maintenance, as a business
19. House keeping, as a business

Exceptions: Gross income does not include (except those non-cash income or payments/benefits from federal programs/acts):

1. military housing benefits (on base or off base)
2. value of in-kind benefits
3. reimbursement from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.

4. payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
5. payments received under the Job Training Partnership Act
6. payments under the Low Income Energy Assistance Act
7. student financial assistance received from any program funded in whole or part under Title IV
8. value of any child care payments made under section 402(g)(1)(E) Social Security Act
9. value of any child care provided or paid for under the Child Care and Development Block Grant Act
10. the value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977

Computation of Income:

Regular Income Formula:

- Continued employment past 12 months
- One year back from today (Example: Today's service = 8/07 - 12 months back = 8/06)

Unemployment Income Formula:

- Wage earners unemployed at time of application or any time during previous 12 months
- Six months formula (Example: Unemployed today = 8/07 - Income determined six months back = 2/07-7/07 and six months forward = 8/07-1/08) Total = 12 months of income

The Pender County Health Department (PCHD) will require "proof of income" to reduce charges when applying the sliding fee scale. If a patient is unable to produce this required information, they will be placed on a 100% sliding fee scale status for a period of thirty (30) business days. If proof of income is provided within the thirty business day period, the patient will be billed accordingly. If proof of income is not provided within the established timeframe, the patient will be billed at 100%. The only exception is Family Planning patients in the Women's Preventive Health Program.

DETERMINING FAMILY SIZE

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group supports only their unit. A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.

Examples:

1. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.

2. A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family. Self-supporting students maintaining a separate residence would be a separate economic unit. (*Exception: Family Planning considers this group extremely high-risk for unintended pregnancy. They strongly encourage Health Departments to consider any student in this category as a family of one and to bill accordingly to the income of the student.*)
3. An individual or family in an institution is considered a separate economic unit.

ANYONE THAT REQUESTS CONFIDENTIAL SERVICES, REGARDLESS OF AGE, SHOULD BE CONSIDERED A FAMILY UNIT OF ONE AND BILLED ACCORDING TO THEIR INCOME.

Income is re-assessed annually unless there has been a change in financial status. Following the initial financial eligibility determination, the client will be asked at each visit if there has been a change in their financial status. Income will always be based on the "actual date" of service. If there has been a change or it is time for their annual review, the income determination process should take place. Income information reported during the financial eligibility screening process for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report.

Patient fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale will be used to assess fees. All third-party providers are billed where applicable.

If a patient has any form of third-party reimbursement, that payer must be billed, unless confidentiality is a barrier. Medicaid will be billed as the payer of last resort.

In extreme and/or unusual circumstances, the Health & Human Services Director or designee, in consultation with staff may make exceptions.

SECTION II

FEE COLLECTION

Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual patient pay. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Pender County Health Department will use the following Federal Poverty Scale for programs that charge fees:

Family Planning – 101% - 250% Federal Poverty Scale
Breast and Cervical Cancer Control – 250% Federal Poverty Scale
Child Health – 101% - 250% Federal Poverty Scale
Maternal Health - 101% - 250% Federal Poverty Scale

Adult Health - 101% - 250% Federal Poverty Scale
Primary Care - 101% - 250% Federal Poverty Scale
General Clinic Services – 101% - 250% Federal Poverty Scale
Dental Clinic Services – 101% - 250% Federal Poverty Scale

Program Specific Information

The sliding scale does not apply to all health department services. Services with flat rate fees do not require proof of income. The Health & Human Services Director or designee may make exceptions in unusual circumstances.

If a patient prefers not to produce required proof of income information, they will be placed on a 100% sliding fee scale status. Income is re-evaluated annually in all programs.

CO-PAYS

Payment of co-pay for third party billing is expected at the time of service for all chargeable services. Applicable deduction and co-insurance amounts will be billed to the patient upon receipt of insurance Explanation of Benefits. Partial payment is accepted for all chargeable services, with the exception of flat fee services. Co-pays are not subject to sliding fee scale with the exception of **Family Planning services:**

- If a co-pay is less than the patient would pay on the sliding fee scale, then the patient will be charged the co-pay, and the health department will bill the insurance company the fee for the services.
- If the co-pay is more than what the patient would pay based on the SFS, the patient will be charged based on the SFS, and the agency will bill the insurance company the fee for services.

Medicaid patients, effective November 1, 2010 are no longer exempt from co-pays with the exception of family planning patients, pregnant women, children from birth through age 20 years and patients receiving State mandated services. Payment for non-covered services is expected at the time of service.

If a patient has a remaining balance on their account, a payment agreement and schedule will be established and signed by the patient.

Payment in full is required at the time of service for vaccines not supplied by the State, with exception of those billed to contracted in-network third party payers. These include Medicaid, Medicare Part B, Medicare part D (if applicable), Health Choice, BCBS, United Healthcare or others. Patients with other types of insurance will be provided a receipt for submission to their insurance.

North Carolina State Law prohibits charging patients for the following: administration of vaccines required by law (G.S. 130A-153(a)); examination and treatment of STDs (G.S. 130A-162); and examination and treatment of tuberculosis (G.S. 130A-178(a)).

If patients receiving state mandated services (STD/TB/IMM) have insurance coverage, their insurance company will be billed the established fee unless this would result in a breach of confidentiality and the patient requests that no third party billing occur.

Communicable Disease Control Program Guidelines will be followed when tests are ordered. All laboratory tests under this program processed by the State laboratory will be provided at no charge with the exception of a Pap smear.

Newborn and postpartum home visits, high-risk prenatal home visits, Diabetes Education classes, and Childbirth classes will be billed to Medicaid. For non-Medicaid patients, Diabetes Education classes will be billed to insurance. If uninsured, services will be billed to the client at the Medicaid reimbursement rate and placed on a sliding fee scale.

All Childhood Lead Poisoning Prevention Program services will be billed to state grants and programs.

Reimbursable visits, for patients with insurance coverage, will be billed to the insurance company. If the insurance company pays for services rendered and that payment is sent directly to the patient, the patient is responsible for payment to the Pender County Health Department. If there is a balance remaining after the insurance payment, the balance will be billed to the patient, unless otherwise mandated by law or through the Consolidated Agreement with the State of North Carolina and the Pender County Health Department.

All clinic and in-house laboratory fees will be collected as part of the check-out process by the health department billing staff. Laboratory fees for self-pay patients receiving out-sourced testing will be collected by the billing staff upfront. Out-sourced labs for patients with Medicaid or other third party insurance will be billed directly by the private laboratory. The private laboratory will bill patients for any remaining balances according to their standard fees.

The Health & Human Services Director, or designee, has the authority to waive or reduce fees for special projects or targeted populations. The Health & Human Services Director has the right to waive fees for individuals who for a good cause are unable to pay.

Women's Preventive Health (Family Planning)

1. Patient charges and payment collection for clinical services in the WPH program are assessed in accordance with Title X regulations and the fee policy as established by the Pender County Board of Health.
2. Services are provided to all persons regardless of their income level or the inability to pay. WPH patients are not required to have proof of income and will not be denied services because of outstanding account balances. The health department will use reported income through other programs offered in the health department rather than re-verify income or rely solely on patients' self-report.
3. There will be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
4. Full charges will be assessed if patient income is at or above 250% of the Federal Poverty Level. A patient's declaration of income shall be accepted for Family Planning patients

receiving services in the WPH program. A schedule of discounts has sufficient proportional increments to ensure income is not a barrier to services. The schedule of discounts is used for family incomes from 101%-250% of the Federal Poverty Level. Patients at or below 100% of the Federal Poverty Level are not charged for Title X services.

5. Un-emancipated minors seeking confidential services are a "family of one" and are to be considered on the basis of their own resources. In such cases, the minor's income must be reported through the patient health information system. Third-party sources (e.g. Insurance, Title XIX) should be billed the established fee if eligibility criteria are met unless a breach of confidentiality is determined.
6. Charges may be made for supplies not required by the plan of contraceptive care based on the cost of the supplies. Charges for extra cycles of pills may also be made. Non-family planning services will be charged according to locally established fee schedules and will apply to all patients.
7. Family Planning patients shall receive a statement (s) directly, regardless of sliding fee scale percentage, at the completion of their visit. The statement shall show the total charges, any allowable sliding fee discounts and payments made by the patient. Where a third party is responsible, bills are submitted to that party. Third party bills show total charges without any discounts. The health department does not have a contracted reimbursement rate with any third party payer.
8. Reasonable efforts to collect charges without jeopardizing patient's confidentiality are made. Family Planning patients are not required to meet with the Health & Human Services Director in an attempt to collect a delinquent account. The health department has in place a method for "aging" outstanding accounts.
9. There is no evidence that patients are pressured to make donations. Donations are not a prerequisite for provision of any service or supply. The same billing requirements are followed regardless of patient donations.

Maternal Health Services

The health department will see only Pender County residents in their maternity program. Proof of county residency will be required. All out-of-county pregnant women will be referred to their county of residency.

Child Health Services

Patients seen for Child Health Services will be charged in accordance with the Pender County sliding Fee Scale.

Adult Health Services

Patients are charged based on income utilizing the sliding fee scale. Even though the SFS is utilized, there is a minimum fee for all adult patients seen in the Adult Health Clinic. The minimum fee is \$30 for a sick visit and \$50 for a preventative visit. Labs are set at a flat rate and do not slide. Payment is required upfront.

Dental Health Services (Main Clinic & Mobile)

Patients are charged based on income utilizing the sliding fee scale. The main dental clinic slides to 40% only on the 101% - 250% Federal Poverty Scale. The mobile dental clinic sees children in the public school system and the mobile clinic slides to 0% on the 101% - 250% Federal Poverty Scale.

Environmental Health Services

Payment is required prior to the provision of these services. Fees must be accompanied by the appropriate application and any other necessary documents or maps, and are payable ONLY in the Environmental Health offices or through the U.S. Post Office. Staff SHALL NOT accept or agree to transport any payment of fees while conducting field work.

Fees are collected and recorded by management support staff in the office during the hours of 8:00 a.m. until 5:00 p.m. A receipt shall be issued for each fee collected. In the event that all management support staff are away from the office for a period of time during the specified hours, an Environmental Health Specialist shall be designated by Environmental Health administration to accept applications, collect fees and issue receipts.

A daily deposit of collected fees shall be made with the appropriate health department administrative support staff.

Animal Shelter Services

The animal shelter does not utilize any income based payment. Everyone is charged according to the set fees regardless of income or ability to pay.

NO MAIL POLICY FOR CONFIDENTIAL PATIENTS

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be issued for partial payment and the client will sign a payment agreement.
3. The EMR will be flagged for patients who are confidential and request to receive no mail. The EMR will be flagged in the note section on the patient's demographic page with the words 'no mail' and will be noted in the address line of the patient's demographic information 'no mail.'
4. Client will be reminded every visit of the amount they still owe.
5. The account will be considered uncollectible when there has been no activity in the account for more than 12 months.
6. No letters or correspondence concerning insurance, past due accounts, etc. will be sent to any patient that requests no mail.

SECTION III

FEE SETTING

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered, the Pender County Health Department, with the approval of the Board of Health, will implement specific fees for services and seek reimbursement from appropriate sources. As the Health Department for Pender County, we are here to promote health and wellness for the residents, by providing not only affordable, but quality healthcare. We are sometimes a place that

the uninsured or underinsured turn to for services due to inability to afford services within a private practice.

Due to this background, fees for our services will be derived from using a market-driven approach, a relative value approach and consideration for adjustment in accordance with the sliding fee scale. Our market-driven approach will be used to ensure that we are providing affordable care to our patients. Our patient market is a large community of Medicaid covered or uninsured patients. With this being said, NC Medicaid's fee schedule creates our fee baseline for services. The Office of Medicaid Reimbursement issues their reimbursement rates, usually in January of each year. This is a determining factor, when comparing to other third parties. Our market-driven approach also takes into consideration reimbursement rates charged by surrounding counties, i.e., Onslow, Bladen, and Duplin Counties.

The relative value approach takes into consideration our cost to provide a service, such as physical work, practice expense and malpractice overhead. Our relative value approach ensures that we are covering what it costs for our organization to provide the service to a patient.

Service	Our Cost	Fee Charged
J7300 – IUD Paragard	\$231.42	\$450
J7302 – Mirena IUD	\$230.34	\$550
58300 – IUD Insertion	Based on RV	\$150
58301 – IUD Removal	Based on RV	\$180

The PCHD Fee Setting/Cost Analysis Committee holds a meeting at least annually and more often as needed to determine the cost of providing services and establishing fees. This committee is comprised of Program Supervisors, Lead Billing Clerk, Accounting Specialist II, Director of Nursing and the Health & Human Services Director. The following procedures are followed:

- It is the responsibility of the Program Supervisor to bring to the attention of the committee any changes in costs for existing services or projected costs of new services.
- The Lead Billing Clerk notifies Program Supervisors and the DON of any changes in reimbursement for services from third-party payers, or projected reimbursements for new services.
- Changes in cost, changes in reimbursement, and new services/items are added to the meeting agenda to be reviewed for recommendations.

The cost of providing flat rate fees is also determined through this procedure and may be established for specific services that are not funded by State/Federal funds. Some examples include: TB skin test (related to work or school), pregnancy test, etc.

The methodology is reviewed and recommendations/approval come from the committee. All fees are then presented to the Board of Health for their discussion and approval. Once approved, the fees are updated in the EMR.

Environmental Health Services Fees

Environmental Health fees are set based on comparison with surrounding counties and the cost to provide the service.

Dental Services Fees

Dental fees are set following the same approach as the clinic fees. The market-driven approach and the relative value approach are both taken into consideration when determining dental fees. In addition to looking at surrounding counties' dental fees, local private practice fees are also used as a comparison.

Animal Shelter Fees

Animal Shelter fees are set based on comparison with surrounding counties and the cost to provide the service. In addition to looking at surrounding counties' shelter fees, local veterinarian fees are also used as a comparison.

SECTION IV HEALTH PROMOTION SERVICES

SMOKE FREE RESTAURANT FINES

Upon notification in writing of the third violation of the Act to Prohibit Smoking in Certain Public Places and Certain Places of Employment in accordance with G.S. 130A-22 (h1), the Pender County Health Department shall impose an administrative penalty of \$200 on the person who manages, operates, or controls the business in violation.

The person who manages, operates or controls the business has the right to appeal this decision to the local Board of Health. To pursue a formal appeal, a written notice of appeal must be submitted to the Health & Human Services Director within 30 days of notification of the third violation. The notice of appeal must be filed in accordance with G.S. 130A-24. A copy of the appeal procedures shall be provided.

Subsequent violations of the law are considered separate and distinct violations and the person who manages, operates or controls the business in violation is subject to an administrative penalty of not more than two hundred dollars (\$200). Each day on which a violation of this law or rule occurs may be considered a separate and distinct violation.

Payment for Smoke Free Restaurant fines shall be made within 30 days of the date of notice, unless an appeal has been filed. For appealed fines, payment shall be made within 30 days of the appeal decision.

Pender County Health Department

CLIENT BILL OF RIGHTS

1. The PATIENT has the right to considerate and respectful care.
2. The PATIENT has the right to obtain from his/her medical provider complete and current information concerning diagnosis and treatment, in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his/her behalf. The patient has the right to know by name the medical provider responsible for coordinating his/her care.
3. The PATIENT has the right to receive from his/her medical provider information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include, but not necessarily be limited to, the specific procedure and/or treatment and the medically significant risks involved. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The PATIENT has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his/her action.
5. The PATIENT has the right to every consideration of his/her privacy concerning his/her own medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. Those not directly involved in direct care must have the permission of the patient to be present.
6. The PATIENT has the right to expect that all communications and records pertaining to his/her care should be treated as confidential.
7. The PATIENT has the right to expect that within its capacity any agency must make reasonable response to the request of a patient for services. The agency must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, a patient may be transferred to another agency only after he/she has received complete information and explanation concerning the needs for and alternatives to such a transfer. The agency to which the patient is to be transferred must first have accepted the patient for transfer.

8. The PATIENT has the right to obtain information as to any relationship of the agency to other similar agencies and educational institutions insofar as his/her care is concerned. The patient has the right to obtain information as to the existence of any professional relationship among individuals, by name, who is treating him/her.
9. The PATIENT has the right to expect reasonable continuity of care. He/she has the right to know in advance what appointment times and health care providers are available.
10. The PATIENT has the right to examine and receive an explanation of his/her bill regardless of source of payment.
11. The PATIENT has the right to know what the health department rules and regulations are that apply to his/her conduct as a patient.

The Pender County Health Department staff provides safe and individual patient care based on each patient's needs and rights through:

- Recognition of each patient's dignity as a human being, and
- Defending the rights of each patient as an advocate.

The observance of these rights is expected to contribute to quality patient care and greater satisfaction for the patient and health care provider.

Pender County Health Department Bad Debt Write Off Policy

After all procedures have been followed as described in the Pender County Health Department fee policy, the bad debt write off procedures will be followed. The procedures are as follows:

- An itemized list of uncollectable outstanding patient balances will be prepared at the end of the calendar year for the Director of Health & Human Services to review. This list includes all outstanding accounts that reflect no activity for more than 12 months.
- Those balances approved by the Health & Human Services Director and the Board of Health will be written off.
- The Accounts Receivable system shall indicate the recording of the bill as uncollectable by adjusting the patient balance to zero. Claims will be kept on file.

Family Planning patients will not be denied services for inability to pay. Payment arrangements will be made for all outstanding bad debt and any current unpaid balances for Family Planning services.

If a patient returns to the health department after a bad debt has been determined uncollectable, their bad debt write off will be reactivated and the billing process resumed. The patient's account balance will be reinstated at the full amount of the write off.

A patient should never be informed that a debt has been written off.

Carolyn Moser, Health & Human Services Director

Date

George Brown, Chair, Board of Health

Date