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## SYSTEM POLICY

**Section:** Finance / Patient Financial Assistance Services

**Policy #: 5.2**

**Subject:** Hospitals Discounts for the  
Self Pay Patient

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**Executive Owner:** System Senior VP, Chief Financial Officer

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### POLICY

It is the intent of this policy to assist those patients who are uninsured but do not qualify for Financial Assistance in paying for their Health Care needs while applying responsible Stewardship. Therefore, a discount for the uninsured will be applied to both inpatient and outpatient service charges (excluding cosmetic or self-pay flat rate procedures).

### PURPOSE

Provena Health is committed to building “communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.” Our values of respect, integrity, stewardship and excellence call us to provide quality health care services to the people served by our ministries, “with a special concern for those who are poor or vulnerable.” Provena Health exists to benefit people in the communities served. Patient and families are treated with dignity, respect and compassion during the provision of services and throughout the billing and collection process.

Provena Health is committed to provide high quality billing and collection services, standard patient financial assistance services and open communication to our patients. These services and procedures address the needs of patients who should not experience undue financial hardship to pay for health care services. This policy will detail a program, which will be available to the uninsured patient population of Provena Health Hospital Ministries. It is comprised of the following:

- Self Pay Patient Discount – A 20% discount will be available to all patients without insurance for inpatient or outpatient services
- Inpatient – Outpatient responsibility payment – Discount is available for all medically necessary health care services exceeding \$300 in any one (1) inpatient admission or outpatient encounter.

### PROCEDURE

#### I. Administration

In administering this policy Provena Health will:

- Ensure the dignity of the patient
- Encourage upfront financial counseling
- Be patient-centric and patient friendly
- Be culturally appropriate (provided in prevalent languages used in communities)
- Serve the health care needs of everyone, regardless of ability to pay
- Communicate collection procedures.

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## II. Self Pay Discount

A flat discount percentage will be applied to gross charges for the self pay patient for all medically necessary health care services exceeding \$300 in any one (1) inpatient admission or outpatient encounter.

The discount percentage will be updated annually and will be distributed by the corporate offices to all Ministries in September to be effective on January 1 of the following year.

- **Exclusions – medical expenses excluded from uninsured discounts:**
  - Individuals eligible for administrative discounts
  - Elective cosmetic surgery services or other elective non-covered services for which a price has been negotiated
  - Any third parties who may be liable for services
  - Balances due (such as deductibles and co-pays) after payment are made by a primary insurer.

## III. Financial Assistance

Under the Illinois Hospital Patient Uninsured Discount Act, self-pay patients may be eligible for additional assistance. To determine qualification for Provena Health Financial Assistance and application must be completed. (See Provena Health Provision for Financial Assistance Policy)

Patients may be considered for catastrophic financial assistance when the patient's family medical expense related to Provena Health Ministries covering a 12-month period of time from date of service exceed 25% of family income and other means of payment are not available (e.g. savings accounts)

## IV. Inpatient / Outpatient Patient Responsibility Payment

Discount applies for all medically necessary health care services exceeding \$300 in any one (1) inpatient admission or outpatient encounter. IF the charges exceed \$300, the uninsured discount percentage will be applied to the charges for that service. The net patient balance after the discount will be added to the patient responsibility payment to arrive at the total balance to be paid by the patient

## REFERENCES

Provena Health Provision for Financial Assistance Policy # 5.1