

Status Active PolicyStat ID 20914640



Origination	01/2007	Owner	Megan Ford;
Last Approved	06/2026		Patient Access
Effective	06/2026	Policy Area	PFS
Last Revised	09/2023		
Next Review	06/2028		

Collection/Bad Debt Policy, 340.23

PURPOSE:

To collect any outstanding patient liability due Colquitt Regional Medical Center through the use of an Extended Business Office "Early Out" efforts and/or Bad Debt Collection Agencies.

PROCEDURE:

- A. The Extended Business Office receives all accounts that are due from the patient. This liability can either be "True Self Pay"-no third party coverage or "Balance After Insurance"-patient liability after third party payment. A summary bill of charges, adjustments and payments are sent on first bill from Extended Business Office.
- B. The Extended Business Office will actively attempt collection through the use of statements and phone calls. A total of three statements will be mailed given a payment plan is not set up. In addition to statements, three phone calls will go out to patients. All collections efforts will continue for 120 days from date of placement.
- C. For accounts that are not resolved, paid in full, or on an active payment plan are returned to the facility for Bad Debt Collection efforts.
- D. Our Bad Debt Collection agencies will attempt to collect owed debt for 365 days from placement through the use of letters, statements, phone calls, and legal actions unless certain circumstances warrant an earlier close such as patient is confirmed deceased, patient files bankruptcy, receives financial assistance, balance is less than \$9.99, patient moves to no collect state, client request close, and agency attorney advises to close account.
- E. If after 365 days of placement with our Bad Debt Agencies, the accounts that are still unresolved are deemed uncollectible and returned to the facility. These accounts are adjusted to a zero balance and written off as Bad Debt uncollectible.

- F. Medicare accounts that are deemed uncollectible are reviewed for possible submission on the Medicare Cost Report Medicare Bad Debt Log. To be included on the report, the amount deemed uncollectible must be a covered service by CMS guidelines which include the patient's deductibles and coinsurance.
- G. Once deemed allowable for the Medicare Bad Debt Log, the following information is obtained and logged:
 - Patient Name
 - HIC Number
 - Date of Service
 - Whether patient has been deemed Indigent
 - Date of First Bill
 - Date of Bad Debt Write Off
 - Remittance Date
 - Deductible and/or Coinsurance Amounts
 - Total Recoveries.

Approval Signatures

Step Description	Approver	Date
CFO	Julie Bhavnani: CFO	06/2026
Director	Megan Ford: Patient Access	06/2026

Status Active PolicyStat ID 20914628



Origination 11/2003

Last 06/2026

Approved

Effective 06/2026

Last Revised 06/2026

Next Review 06/2028

Owner Megan Ford;

Patient

Access

Policy Area PFS

Accounts Receivable Discounts, 340.07

ELIGIBILITY:

- A. RFT, RPT and POOL (with hours to cover) medical center employees and their dependents after three (3) months of employment.
- B. Hospital Authority Members and their dependents.
- C. Medical Staff Member and their dependents.
- D. Retired Medical Staff Members and their dependents.
- E. Employees of Colquitt Regional owned physician clinics.
- F. Employees of Colquitt County Board of Commissioners.
- G. Prompt payment discounts to payers and patients not to exceed the current discount provided to the hospital managed care contracts. Payment should be made to the hospital within ten (10) days of the discount contract.
- H. Hospital Administration reserves the right to offer a special, one time, or promotional discount to the patient population of Colquitt Regional Medical Center.
- I. Discounts for extenuating circumstances may be approved by the Director of Patient Financial Services, AVP of Revenue Cycle, Vice President of Finance or Hospital Administration.

APPLICATION:

- A. Medical Center Employees and their dependents, Hospital Authority Members and their dependents, Medical Staff Members and their dependents and Retired Medical Staff and their dependents, Colquitt County Board of Commissioner employees and their dependents are eligible for a 50% discount of their patient responsibility if paid in full or processed through payroll deduction. The discount is calculated on patient responsibility after third party payment or total charges of self pay balances. Employees are entitled to only (1) one self pay discount

except for cases of approved Indigent, Charity or Hardship write offs.

- B. Discounts do not apply to any promotional cash price services with in the organization.
- C. A prompt pay discount up to 30% of estimated patient responsibility obtained from information provided by payor specific benefit resources can be extended prior to services rendered without director approval. Discount will be applied upon receipt of payment.
- D. A 10% prompt pay discount can be extended after services are rendered when no other self pay discount has been awarded. Discount will be applied upon receipt of payment.
- E. A 50% self pay discount can be extended to uninsured or patients opting out of filing their insurance prior to services rendered with the exception of emergency room and reference lab. Discount will be applied upon receipt of payment.
- F. Any other discount requires prior approval from the PFS Director, AVP Revenue Cycle or Vice President of Finance.

Approval Signatures

Step Description	Approver	Date
CFO	Julie Bhavnani: CFO	06/2026
Director	Megan Ford: Patient Access	06/2026