

NOTICE OF AVAILABILITY OF UNCOMPENSATED SERVICES

WHMC will provide care without charge to eligible persons meeting the criteria of the program and subject to dollar limits established by the Board of Commissioners for emergent procedures or for women in active labor. Uncompensated services are available for all services offered by the hospital.

To be eligible, you must apply according to the guidelines established for the program. For non-emergent cases, this must occur prior to care being provided.

Income eligibility: To be eligible, your family income and liquid assets must be at or below the levels listed in the table at the back of this brochure.

Applications for uncompensated services are available at the front desk or from the Business Office. It is the responsibility of the patient to perform certain tasks, such as providing eligibility verification and income verification. Failure to perform these tasks will result in denial of the application.

WHMC will make a written conditional or final determination of your eligibility for uncompensated services within 10 days of the receipt of the request.

If you have no insurance coverage:

This section applies to all account types, except Emergency and Inpatient.

1. We encourage you to explore possible assistance programs, such as: WHMC's Financial Assistance Program, WHMC's Washington Health Plan Navigator Services, and WHMC's Payment Installment Plans.

2. The balance is due prior to service unless prior arrangements have been made with your Patient Representative in the Business Office.

2022 Whitman Hospital and Medical Clinics Uncompensated Care Guidelines						
Income						
Family Size	A Poverty Level Income (PL)	B 125% of PL	C 150% of PL	D 175% of PL	E 200% of PL	F 300% of PL
1	13,590	16,795	20,370	23,765	27,180	40,770
2	18,310	22,887	27,465	32,042	36,620	54,930
3	23,030	28,787	35,545	40,302	46,060	69,090
4	27,750	34,687	41,625	48,562	55,500	83,250
5	32,470	40,587	48,705	56,822	64,940	97,410
6	37,190	46,487	55,785	65,082	74,380	111,570
7	41,910	52,387	62,865	73,342	83,820	125,730
8	46,630	58,287	69,945	81,602	93,260	139,890
Each Add'l	4,720	5,900	7,080	8,260	9,440	14,160
A person's income which is less than column A will receive 100% reduction in their bill.						
A person's income which is more than column A, but less than column B, will receive an 85% reduction in their bill.						
A person's income which is more than column B, but less than column C, will receive a 70% reduction in their bill.						
A person's income which is more than column C, but less than column D, will receive a 55% reduction in their bill.						
A person's income which is more than column D, but less than column E, will receive a 40% reduction in their bill.						

Just a Reminder

*For questions regarding your bill,
please contact:
CBO Solutions 888-292-8810*

A person's income which is more than column E, but less than column F, AND HAS NO INSURANCE will receive a 22% reduction in their bill.



WHITMAN HOSPITAL AND MEDICAL CLINICS

1200 W. Fairview Street
Colfax, WA 99111-9552

Our first priority at Whitman Hospital and Medical Clinics (WHMC) is meeting your medical needs. Our second priority is running the hospital as a business. Your understanding and support of our credit and collection policy is greatly appreciated.

Please be aware it is the responsibility of the patient to understand the information contained herein, or to otherwise ask questions for clarification.

CREDIT AND COLLECTION POLICY

WHITMAN HOSPITAL & MEDICAL CLINICS

COLFAX, WASHINGTON

509-397-3435

Serving Whitman County since 1893

**FOR PATIENTS WITH INSURANCE
COVERAGE, INCLUDING MEDICARE:**

1. You are responsible for the payment of your account. Co-pays and deductibles are due *prior* to provision of service for all non-emergent procedures, and *at time* of service for all emergent procedures.
2. Insurance coverage is a contract between you and your insurance carrier.
3. We will bill your insurance for you. However, all insured patients are required to provide active and accurate insurance information. Patients without active insurance will be considered uninsured and are responsible for payment-in-full on all non-emergent procedures. Please be prepared to show your most current insurance card.
4. We cannot accept responsibility for collecting an insurance claim or negotiating a disputed claim past 90 days.
5. If your insurance fails to pay your claim, it is your responsibility to pay the hospital directly.
6. Payment is due in full upon notification of disposition of your insurance claim, unless other arrangements have been made.
7. If your account has been cleared and a credit balance has occurred, the credit will first be applied to any additional outstanding balances. If a credit balance still remains, the remainder will be refunded to you.

**PRE-AUTHORIZATION FOR
INSURANCE**

Please check the pre-authorization requirements of your policy. Failure to do so may result in a refusal to provide coverage. Check with your insurance company to make sure your

**** ALL ACCOUNTS ARE SUBJECT TO CREDIT REVIEW****

PAYMENT TERMS

<u>Balance</u>	<u>Minimum Monthly Payment</u>
\$0.01 - \$150	Payment in Full
\$151 - \$1500	\$150
\$1501 - \$3000	\$175
\$3001 - \$5000	\$250
\$5001 and greater	\$300, or minimum of 5% of balance

Interest in the amount of 9% will be charged to all accounts over 90 days old.

Any patient with an installment payment plan is required to set up automatic credit card payments, and maintain active credit card information under each installment plan.

Please visit www.whmc.org to pay your bill online. All major credit cards are accepted.

If you were an outpatient at the hospital, Medicare will not pay for any medications you could purchase at a pharmacy with a prescription. These medications also include certain self-administered drugs such as insulin.

You will receive a bill for these medications issued to you as an outpatient (this includes observation status).

SEPARATE BILLS

As a result of your hospital visit, you may receive bills in addition to the hospital bill. These could include bills from: radiologists, anesthesiologists, pathologists, cardiologists, ambulance services, your own physician, and/or a consulting physician.

Following is a list of groups that regularly provide care to patients of Whitman Hospital and Medical Clinics. If you receive a bill from them and have questions, please contact them at the number listed below.

Colfax Volunteer Firemen, Inc. 509-397-3416

Palouse Imaging Consultants 208-882-8369

PROMPT PAY DISCOUNT

A prompt pay discount of 5% is available on patient balances. To obtain the discount, full payment must be received within 15 days of the statement date. If payment is not received within this timeframe, the 5% discount will be forfeited.

COLLECTION SERVICES

All accounts at WHMC will be sent to collection if reasonable attempts to collect the account balance have failed.