

Patient Billing and Collections Policy

Purpose

This policy applies to USC Verdugo Hills Hospital (VHH). The Patient Billing and Collections Policy is intended to meet the requirements of applicable federal, state, and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the State regulations there under. VHH will not deny emergencies or other medically necessary care based on ability to pay. The guiding principles behind this policy are to treat patients and Responsible Individual(s) equally with dignity and respect and to ensure appropriate billing and collection procedures are uniformly followed and to ensure that reasonable efforts are made to determine whether the Individual(s) Responsible for payment of all or a portion of a patient account is eligible for assistance under the Financial Assistance Policy (FAP).

Policy

1. Subject to compliance with the provisions of this policy, VHH may take actions, including Extraordinary Collection Actions (ECA), in compliance with State laws, to obtain payment for medical services provided.
2. VHH will not engage in ECAs, either directly or by any debt collection agency or other party to which the hospital has referred the patient's debt, before reasonable efforts are made to determine whether a Responsible Individual(s) is eligible for assistance under the FAP. VHH will not initiate ECA's until or after day 240 after the initial post discharge billing statement.
3. When reversing ECA's VHH will remove an account from bad debt.
4. All patients will be offered a Plain Language Summary and an application form for financial assistance under the FAP as part of the discharge or intake process from a hospital.
5. Patients who are determined to be Homeless or Presumptive Financial Assistance Eligible (see definitions) and not participating in another financial assistance and discount program will be granted 100% financial assistance.
6. One patient statement and four notices for collection of Self-Pay Accounts should be mailed or emailed to the last known address of each Responsible Individual(s); provided, however, that no additional statements need be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made. All Single Patient Account statements of Self-Pay Accounts will include but not be limited to:

- a. An accurate summary of the hospital services covered by the statement;
 - b. The charges for such services;
 - c. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
 - d. A written notice that notifies and informs the Responsible Individual(s) about the availability of Financial Assistance under the hospital FAP including the telephone number of the department and direct website address where copies of documents may be obtained.
7. At least one of the statements mailed or emailed will include written notice that informs the Responsible Individual(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the Billing Deadline. A Plain Language Summary will accompany this statement. It is the Responsible Individual(s)' obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for "Reasonable Effort" will have been made.
 8. Before assigning a debt to collections, USC Arcadia Hospital must send notice containing: (1) Date of Service, (2) Name of Entity to whom debt is being sold/assigned, (3) instructions for how to get an itemized bill (4) the name and type of health coverage plan for the patient on record with the hospital at the time of services or a statement that the hospital does not have this information, (5) application for FA and (6) the dates patient was originally sent notice about applying for FA.
 9. Information obtained or collected for the charity care or discount payment eligibility determination will not be used for collection activities.
 10. Responsible Individual(s)'s propensity to pay will be scored based on that assessment of the Responsible Individual(s) likelihood to pay and dollar amount of the Self-Pay account. Prior to initiation of any ECAs, an oral attempt will be made to contact Responsible Individual(s) with a higher propensity to pay by telephone at the last known telephone number, if any, at least once during the series of mailed or emailed statements if the account remains unpaid. During all conversations, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.
 11. ECAs may be commenced as follows:
 - a. If a Responsible Persons has applied for financial assistance under the FAP and the Patient Financial Services (PFS) department determines definitively that the Responsible Individual(s)s are ineligible for any financial assistance under the FAP (including because the patient was not uninsured), VHH may initiate ECAs.

- b. If any Responsible Individual(s) submits an incomplete application for financial assistance under the FAP prior to the Application Deadline, then ECAs may not be initiated until after each of the following steps has been completed:
 - i VHH provides the Responsible Individual(s) with a written notice that describes the additional information or documentation required under the FAP in order to complete the application for financial assistance, which notice will include a copy of the Plain Language Summary.
 - ii VHH provides the Responsible Individual(s) with at least 30 days' prior written notice of the ECAs that VHH may initiate against the Responsible Individual(s) if the FAP application is not completed or payment is not made and may not be set prior to 181 days after the first post discharge statement.
 - iii If the Responsible Individual(s) who has submitted the incomplete application completes the application for financial assistance, and PFS determines definitively that the Responsible Individual(s) is ineligible for any financial assistance under the FAP, VHH may initiate ECAs if the Responsible Individual/s do not satisfy their financial obligation before the billing deadline.
 - iv If the Responsible Individual(s) who has submitted the incomplete application fails to complete the application then ECAs may be initiated.
 - v If an application, complete or incomplete, for financial assistance under the FAP is submitted by a Responsible Individual(s), at any time prior to the Application Deadline, VHH will suspend ECAs while such financial assistance application is pending.
12. After the commencement of ECAs, external collection agencies shall be authorized to file litigation, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of PFS management shall be required before initial lawsuits may be initiated. VHH and external collection agencies then may also take any and all legal other actions including but not limited to telephone calls, emails, texts, mailing notices, and skip tracing to obtain payment for medical services provided. VHH does not sell its debt.

Definitions

Plain Language Summary

A written statement that notifies a Responsible Individual(s) that VHH offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.

Billing Deadline

The date after which VHH may initiate an ECA against a Responsible Individual(s) who has failed to apply for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual(s) provided at least 30 days prior to such deadline, but no earlier than 180 days.

Extraordinary Collection Action (ECA)

Any action against a Responsible Individual(s) responsible for a bill related to obtaining payment for services rendered. ECAs also include transferring of a Self-Pay Account to another party for purposes of collection. VHH will not initiate ECA's until or after day 240 after the initial post discharge billing statement. VHH does not sell its debt.

FAP-Eligible Individual(s)

A Responsible Individual(s) eligible for financial assistance under the FAP without regard to whether the Individual(s) has applied for assistance.

Financial Assistance Policy (FAP)

VHH Financial Assistance and Discount Policy, which includes eligibility criteria, the basis for calculating charges, the method for applying the policy, and the measures to publicize the policy, and sets forth the financial assistance program.

PFS

Patient Financial Services, the operating unit of VHH responsible for billing and collecting Self-Pay Accounts.

Presumptive Financial Assistance Eligibility

VHH recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, VHH utilizes an automated, predictive scoring tool to qualify patients for Charity Care. The PARO™ tool predicts the likelihood of a patient to qualify for Charity Care based on publicly available data sources. PARO provides estimates of the patient's likely socio-economic standing, as well as the patient's household income and size.

Responsible Individual(s)

The patient and/or any other individual(s) having financial responsibility for a Self-Pay account. There may be more than one Responsible Individual(s).

Self-Pay Account

The portion of a patient account that is the Individual(s) responsibility of the patient or other Responsible Individual(s), net of the application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-

insurance and deductibles), and net of any reduction or write off made with respect to such patient account after application of an Assistance Program, as applicable.

Policy Availability

Contact our Business Offices for information regarding eligibility or the programs that may be available to you, to request a copy of the FAP, FAP application form, or Collection Policy to be mailed to you, or if you need a copy of the FAP, FAP application form, or Collection Policy translated to other languages.

USC Arcadia Hospital-(626) 574-3594

Keck Hospital of USC, USC Norris Cancer Hospital and USC Verdugo Hills Hospital call:

(855) 532-5729

Disputes and appeals may be directed to the Director of Patient Collections in writing to the following address:

USC Verdugo Hills Hospital
Attention: Director of Patient Collections
2011 N Soto St.- Suite 1620
Los Angeles CA 90032

Full disclosure of the FAP, FAP application and this Billing and Collections policy may be found at [Financial Assistance](#)

A paper copy of our FAP, FAP application form, or Billing and Collection Policy can be obtained at our facility located at all clinic offices, admissions, and registration areas. The following addresses apply:

USC Arcadia Hospital (UAH):

300 W Huntington Dr
Arcadia CA 91007

Keck Hospital of USC:

1500 San Pablo Street
Los Angeles CA 90033

USC Norris Cancer Hospital:

1441 Eastlake Ave
Los Angeles CA 90033

USC Verdugo Hills Hospital (VHH):

1812 Verdugo Blvd
Glendale CA 91208

ASSISTANCE FOR LEP (LIMITED ENGLISH PROFICIENT) PATIENTS:

ATTENTION: If you need help in your language, please call 855-532-5729 where patients may obtain more information or visit the hospital admitting office where patients may obtain more information. The office is open 8am-5pm Monday through Friday and located at front of our hospitals. Aids and services for people with disabilities, like documents in braille, large print, audio, and other accessible electronic formats are also available. These services are free.

ATENCIÓN: Si es un paciente y necesita ayuda en su idioma, llame al 855-532-5729 o visite la oficina de admisiones del hospital para obtener más información. El consultorio abre de lunes a viernes, de 8 a. m. a 5 p. m., y se encuentra frente a nuestros hospitales. También se dispone de ayudas y servicios para personas con discapacidad, como documentos en braille, letra grande, audio y otros formatos electrónicos accesibles. Estos servicios son gratuitos.

注意: 如果您需要以您的首选语言获得帮助, 请致电 855-532-5729 或前往医院住院处, 这样患者可以获得更多信息。住院处位于我们医院的前入口处, 其开放时间为周一至周五上午 8 点至下午 5 点。还提供针对残障人士的辅助和服务, 例如盲文、大字体、音频和其他无障碍电子格式的文件。这些服务均为免费提供。

注意: 如果您需要使用您的語言獲取幫助, 請致電 855-532-5729, 以獲取更多資訊, 或者請造訪醫院入院辦公室, 以獲取更多資訊。辦公室工作時間為週一至週五上午 8 時至下午 5 時, 其位於我們醫院前方。此外, 還可提供殘障人士援助和服務, 例如: 盲文、大字體文件、音訊、以及其他可讀取的電子格式。這些服務均免費提供。

LƯU Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi 855-532-5729 để bệnh nhân có thể lấy thêm thông tin hoặc đến văn phòng tiếp nhận của bệnh viện để lấy thêm thông tin. Văn phòng mở cửa từ 8 giờ sáng đến 5 giờ chiều, từ Thứ Hai đến Thứ Sáu và nằm ở khu vực phía trước các bệnh viện của chúng tôi. Chúng tôi cũng cung cấp các hỗ trợ và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi, chữ in lớn, âm thanh và các định dạng điện tử để tiếp cận khác. Những dịch vụ này là miễn phí.

TANDAAN: Kung kailangan mo ng tulong sa iyong wika, pakitawagan ang 855-532-5729 o bisitahin ang opisina para sa pagtanggap ng pasyente (admitting office) ng ospital kung saan maaaring makakuha ng higit na impormasyon ang mga pasyente. Ang opisina ay bukas 8am-5pm Lunes hanggang Biyernes at matatagpuan sa harap ng aming mga ospital. Available rin ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumentong naka-braille, nasa malalaking print, audio, at iba pang maa-access na mga elektronikong format. Ang mga serbisyong ito ay libre.

참고: 본인의 언어로 도움을 원하시는 경우에는 855-532-5729로 전화하시거나 병원 입원 창구(admitting office)를 방문하시어 자세한 정보를 얻으실 수 있습니다. 입원 창구는 병원 앞쪽에 있으며 월요일부터 금요일까지, 오전 8시부터 오후 5시까지 열려있습니다. 장애가 있는 분들을 위한 점자, 큰 활자, 음성, 다른 사용이 쉬운 전자 형식으로 된 문서 등의 보조

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե Ձեր լեզվով օգնության կարիք ունեք, խնդրում ենք զանգահարել 855-532-5729 հեռախոսահամարով, որով հիվանդները կարող են լրացուցիչ մանրամասներ ստանալ կամ այցելել հիվանդանոցի ընդունարան, ուր հիվանդները կարող են հավելյալ տեղեկություններ ստանալ: Ընդունարանը բաց է երկուշաբթիից ուրբաթ, առավոտյան ժամը 8-ից մինչև երեկոյան 5-ը և գտնվում է մեր հիվանդանոցների առաջնամասում: Հաշմանդամություն ունեցող անձանց համար տրամադրվող օգնությունը և ծառայությունները նույնպես հասանելի են, օրինակ՝ փաստաթղթեր բրայլով, մեծ տպագիր, աուդիո և այլ հասանելի էլեկտրոնային ձևաչափերով: Այս ծառայություններն անվճար են:

ВНИМАНИЕ! Если вам необходима помощь на вашем языке, позвоните по номеру 855-532-5729 или посетите регистратуру, где пациенты могут получить дополнительную информацию. Регистратура работает с 8:00 до 17:00 с понедельника по пятницу и находится перед нашими больницами. Также для людей с ограниченными возможностями доступны вспомогательные средства и услуги, такие как документы шрифтом Брайля, печать крупным шрифтом, аудио и другие доступные электронные форматы. Эти услуги бесплатны.

تنبيه: إذا كنت بحاجة إلى المساعدة بلغتك، فيرجى الاتصال على الرقم 5729-532-855 أو زيارة مكتب التسجيل بالمستشفى حيث يمكن للمرضى الحصول على مزيد من المعلومات، علمًا بأن المكتب يعمل من الساعة 8 صباحًا حتى 5 مساءً من الإثنين إلى الجمعة، ويقع أمام مستشفىنا. كما تتوفر المساعدات والخدمات لذوي الإعاقة في صورة وثائق مكتوبة بطريقة برايل أو مطبوعة بأحرف كبيرة أو متوفرة بصيغة صوتية أو غيرها من الصيغ الإلكترونية الميسرة. وهذه الخدمات مجانية.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមទូរសព្ទទៅលេខ 855-532-5729 ជាកន្លែងដែលអ្នកជំងឺអាចទទួលបានព័ត៌មានបន្ថែម

ឬចូលទៅកាន់ការិយាល័យទទួលអ្នកជំងឺចូលមន្ទីរពេទ្យ
ដែលអ្នកជំងឺអាចទទួលបានព័ត៌មានបន្ថែម។ ការិយាល័យនេះ បើកចាប់ពីម៉ោង 8 ព្រឹក-ម៉ោង 5
ល្ងាច ពីថ្ងៃចន្ទ ដល់ថ្ងៃសុក្រ ដែលមានទីតាំងនៅខាងមុខមន្ទីរពេទ្យរបស់យើងខ្ញុំ។ ជំនួយ
និងសេវាសម្រាប់ជនដែលមានពិការភាពជាប់ខ្លួន ដូចជាឯកសារជាអក្សរស្នាប
ឯកសារដៃឡបោះពុម្ពជាអក្សរធំៗ ឯកសារជាសំឡេង និងឯកសារក្នុងទ្រង់ទ្រាយផ្សេងទៀត
ដែលអាចចូលមើលបានតាមបែបអេឡិចត្រូនិក ក៏មានបម្រើជូនដែរ។
សេវាករទាំងនេះគឺផ្តល់ជូនដោយឥតគិតថ្លៃ។

CEEB TOOM: Yog koj xav tau kev pab ua koj hom lus, thov hu rau 855-532-5729 uas yog
qhov chaw cov neeg mob mus muab tau ntaub ntawv ntxiv los sis mus rau nram tsev kho
mob qhov chaw ua hauj lwm rau npe kho mob uas yog qhov chaw cov neeg mob mus
muab tau ntaub ntawv ntxiv. Qhov chaw ua hauj lwm qhib 8am-5pm Monday txog Friday
thiab nyob ntawm lub qhov rooj loj ntawm peb cov tsev kho mob. Muaj cov kev pab thiab
kev pab cuam rau cov neeg xiam oob qhab, xws li cov ntaub ntawv ua braille, ntawv loj,
suab kaw mloog, thiab lwm hom ntaub ntawv mus muab tau siv tshuab hluav taws xob kuj
muaj. Cov kev pab no pub dawb xwb.

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो वे कृपया 855-532-5729 पर कॉल करें जहां मरीज
अधिक जानकारी प्राप्त कर सकते हैं या अस्पताल के भर्ती करने के ऑफिस में जाएं जहां मरीज अधिक
जानकारी प्राप्त कर सकते हैं। ऑफिस सोमवार से शुक्रवार सुबह 8 बजे से शाम 5 बजे तक खुला रहता है
और हमारे अस्पतालों के सामने के भाग में स्थित है। विकलांग लोगों के लिए सहायता और सेवाएँ, जैसे कि
ब्रेल, या बड़े प्रिंट के दस्तावेज़, ऑडियो और अन्य सुलभ इलेक्ट्रॉनिक प्रारूप में भी उपलब्ध हैं। ये सेवाएँ मुफ्त
हैं।

โปรดทราบ: หากคุณต้องการความช่วยเหลือในภาษาของคุณ กรุณาโทรติดต่อ 855-532-5729
ซึ่งผู้ป่วยอาจได้รับข้อมูลเพิ่มเติม
หรือไปที่สำนักงานลงทะเบียนผู้ป่วยของโรงพยาบาลซึ่งผู้ป่วยอาจได้รับข้อมูลเพิ่มเติม
สำนักงานเปิดให้บริการตั้งแต่เวลา 8.00 น. ถึง 17.00 น. วันจันทร์ถึงวันศุกร์
และตั้งอยู่ที่บริเวณด้านหน้าโรงพยาบาลของเรา นอกจากนี้ยังมีความช่วยเหลือและบริการต่าง ๆ
สำหรับผู้ทุพพลภาพ เช่น เอกสารที่พิมพ์ด้วยตัวอักษรเบรลล์ ตัวพิมพ์ขนาดใหญ่ ข้อมูลแบบเสียง
และรูปแบบอิเล็กทรอนิกส์อื่น ๆ ที่สามารถเข้าถึงได้ บริการดังกล่าวไม่มีค่าใช้จ่าย