1. Policy

("Provider") acknowledges from time to time special circumstances may warrant a reduction in a patient's outstanding balance. The intent of this policy is to establish a framework for the review and approval of any amount owed by a patient. This policy does not apply to (a) changes in patient balances necessary to correct billing mistakes or inaccuracies confirmed by the appropriate Provider personnel; or (b) reductions in outstanding balances which may be made by Provider or its third party collections agent as part of a settlement of outstanding debt owed by the patient to the Provider.

Patients who are experiencing financial hardship or difficulty paying their balance in full will be referred to \_\_\_\_\_\_\_ for a determination of whether they qualify for financial assistance. Patients who qualify for and are approved for financial assistance will have their outstanding balances handled in accordance with Provider's Financial Assistance Policy.

The Provider's employees and contractors are prohibited from conditioning any write off or reduction on the receipt of future services by the patient and/or his or her family members or advertising or marketing this policy.

## 2. Procedures.

(a) Generally, Provider will not write-off or reduce patient balances outside of its Financial Assistance Policy; however, there may be times when Provider personnel believe in good faith that the circumstances warrant a reduction in a patient's outstanding balance such as to:

- Recognize dissatisfaction expressed by the patient relating to the services;
- Address concerns expressed by the patient relating to prior communications or representations regarding the expected cost of services; or
- Provide financial relief to a patient who represents he/she is experiencing a financial hardship but does not qualify for discounted or reduced cost services pursuant to the Provider's Financial Assistance Policy.

Any write-offs must be non-routine and follow the processes outlined (b).

- (b) Prior to writing-off or reducing a patient balance, Provider personnel must
  - Document the special circumstances justifying the reduction and if the reason is relating to a financial hardship and the patient doesn't otherwise qualify for financial assistance under the Provider's Financial Assistance Policy, the circumstances relating to the financial hardship will be confirmed and documented and \_\_\_\_\_ must approve the write off;

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- Confirm neither the patient nor his/her spouse or dependents have had a balance reduced pursuant to this Policy in the prior 24 months. If a balance has been reduced pursuant to this Policy in the previous 24 months, the \_\_\_\_\_\_ must approve the reduction;
- If the reduction is the lesser of \$\_\_\_\_\_0 or \_\_\_\_% of the outstanding balance, any of the following individuals may approve the reduction
- If the reduction is greater than \_\_\_\_\_ or \_\_\_\_% of the outstanding balance, the reduction must be approved by \_\_\_\_\_\_ unless the proposed reduction is greater than \$\_\_\_\_\_\_ in which case it must be approved by \_\_\_\_\_\_.
- The amount, date and circumstances justifying the deduction will be documented and retained in the \_\_\_\_\_.

(c) \_\_\_\_\_\_ will be responsible for monitoring compliance with this Policy and tracking the number and total amount of write-offs made pursuant to this Policy on a \_\_\_\_\_\_ basis and reporting this information to the

(d) Nothing in this Policy will restrict Provider from offering patients with aging accounts a settlement of his/her outstanding balances to avoid having to forward the account to Provider's collections agent provided good faith attempts have been made by Provider to collect the outstanding balance and any settlements are approved by the Provider's

as part of Provider's efforts to resolve and collecting aging accounts receivable.

(e) In no event will Provider advertise the availability of discounts or other reductions in balances outside of the financial assistance it provides pursuant to its Financial Assistance Policy.

(f) Any concerns over the abuse of this policy by Provider's personnel and/or patients should be immediately reported to \_\_\_\_\_\_.

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