

## Billing & Collection Policy

1. All insurance companies will be billed based upon the information gathered upon admission to the hospital or ambulatory care departments. All payments will be posted before an account is referred for collection. Please remember that not all insurance companies participate with Spring Harbor Hospital. You will be required to ensure that your insurance participates and obtain any authorizations for services for your visit. If you are unable to pay for services you can apply for our Free Care coverage. The Free care coverage has certain requirements which you may or may not qualify for. Please check our Free Care guidelines for those requirements.
2. Each patient admitted to Spring Harbor Hospital will be given the opportunity to apply for Medicaid to assist in payment of services not covered by insurance.
3. A statement will be mailed to the patient or responsible party every 30 days notifying them of their financial responsibility. Statements are mailed only after all insurance and co-payments have been received and posted to the account. At least 3 statements will be sent. If there has been no contact from the Patient/Guarantor, a final notice informing them that the account will be sent to an outside collection agency will be sent approximately 30 days after the third statement has been sent. Accounts can be designated for collection upon receipt of return/undeliverable mail.
4. Payment arrangements can be made with the Patient Accounts Office.
5. Accounts will be referred to collection only after 120 days of the account being patient responsible.
6. After all possible efforts have been exhausted in collection of the account(s); the patient Account Representative completes an "Authorization to Adjust Patient Account" form. This form recommends action to be taken on the account. It also authorizes the account to be placed with a collection agency for recovery.
7. If you have any questions regarding your bill please contact the Patient Accounts Department. 207-661-6614 or 207-661-6619.

### **Amounts Generally Billed Calculation (AGB)**

Maine Behavioral Healthcare has chosen to use the look back method to determine AGB. Patients or members of the public may obtain this summary document at no charge by contacting the Patient Financial Services office at 207-661-6614 or 207-661-6619.

Amounts Generally Billed is the sum of all amounts of claims that have been allowed by health insurers divided by the sum of the associated gross charges for those claims.  $AGB \% = \frac{\text{Sum of Claims Allowed Amount } \$}{\text{Sum of Gross Charges } \$}$  for those claims Allowed Amount = Total charges less Contractual Adjustments. If no contractual adjustment is posted then total charges equals the allowed amount. Denial adjustments are excluded from the calculation as denials do not impact allowed amount.

On an annual basis the AGB is calculated:

- The look Back Method is used. A twelve (12) month period is used.
- Includes Medicare Fee for Service and Commercial payers
- Excludes Payers: Medicaid, Medicaid pending, uninsured, self-pay case rates, Tricare, motor vehicle and liability, and worker's compensation, and other governmental payers.