

Patient Financial Services



Banner Health

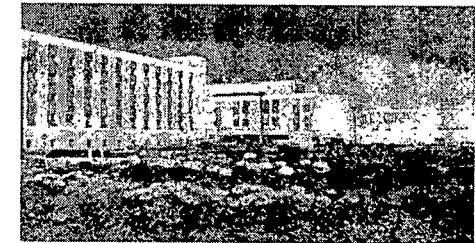
Fairbanks Memorial Hospital

Community-Owned

Our Philosophy

Plain and simple: when people come to Fairbanks Memorial Hospital for emergency and/or medically necessary services, we provide these services regardless of the patient's ability to pay. FMH fairly and consistently applies its Financial Assistance Program to every eligible patient.

As a non-profit, community-owned organization, FMH actively pursues its responsibility to make our community healthier, regardless of a patient's financial situation. Even though you may be asked to pay a portion of your financial responsibility for each visit, we will *always* provide the appropriate care first; and then help with any financial challenges.



Payment Guidelines

Patients With Insurance Coverage . . .

You will receive a statement regarding any balance after your insurance has processed your claim. The balance is due within 60 days. Throughout the billing process, you will receive statements on the status of your account.

Patients Without Insurance Coverage . . .

If you do not have insurance, your account is due to be paid in full within 90 days after you receive your first statement.

- There is a 5% discount if your account is paid within 30 days of receiving the first statement.

Payment Options . . .

- All major credit cards and debit cards are accepted.
- Check by Phone - *A complimentary service for our patients.* Call Patient Financial Services with your check number, bank account number and routing number (on the bottom of the check) and FMH will generate a check for payment with no signature required.
- Payroll deduction plans are available for FMH/DC employees.

Payment Program Options

We understand this can be a confusing and trying time and we want to do what we can to help you find the best way to pay for your services. If you have any questions, feel that you have extenuating circumstances or believe that you may qualify for one of the payment program options, please make an appointment with a Financial Counselor.

Bank Note Program . . .

FMH has partnered with a local bank to offer a low-interest, long-term payment option. Loan applications are available and are processed at Patient Financial Services for your convenience.

Financial Assistance Program . . .

FMH offers an in-house Financial Assistance Program for those who qualify. Program eligibility is largely based on verified household income and family size. Applications are available at Patient Financial Services in the FMH Business Office.

Applications will be reviewed for final determination only after all possible payment resources have been considered. Submit a completed and signed application to Patient Financial Services in addition to the following supporting documents:

- Copy of previous year's official federal income tax return for each adult living in the home.
- Additional income verification may be requested for each adult living in the home. This may include three months of income information such as pay stubs or banking statements (checking and/or saving accounts).
- If you were not required to file federal tax returns, bank statements and proof of income from other sources (for example, Social Security, Workers' Compensation, public assistance, retirement, unemployment benefits, child support) will be required.

Monitoring Program . . .

FMH has partnered with outside agencies to offer a monthly payment plan. For further information regarding the Monitoring Program contact Patient Financial Services according to the patient's last name.

A through G (907) 458-5534

H through N (907) 458-5532

O through Z (907) 458-5533

Fairbanks Memorial Hospital: Frequently Asked Questions

Q: Why am I receiving more than one statement?

A: Each visit at FMH generates a new account number. A separate statement prints for each account until the balance is paid.

Q: Why does the hospital send the patient a bill while the insurance is still pending for payment?

A: It is our way to keep you informed on the status of your account, as you remain financially responsible for services rendered.

Q: I received a bill from the hospital but I was never in the hospital?

A: Your physician may have ordered procedures or outpatient testing which may have occurred at our satellite offices, which include Tanana Valley Clinic (TVC) or Medical Dental Arts (MDA).

Q: Why am I receiving multiple bills from other service providers for a visit to the hospital?

A: FMH bills for services and supplies of the hospital. However, there are many services performed by licensed professionals which are not directly employed by FMH. Therefore, they will bill separately and may not be participating in the carrier's PPO network.

Emergency Medicine Associates: The Emergency Room Physicians bill for their professional fees and time, similar to a doctor's office visit. EMA can be reached at (866) 321-8433 if you have any questions regarding the billing for their services.

Radiology Consultants: When you have an X-Ray performed at FMH or at our satellite radiology site (Medical Dental Arts), a Radiologist interprets the X-Ray and prepares a report for your physician. Radiology Consultants can be reached at 452-6310.

Pathology Consultants: Tissues that are taken during a procedure and/or at the request of your physician will be examined by a Pathologist. This physician bills separately for interpretation and report of the specimen. Pathology Consultants billing office can be reached at (907) 456-7767.

Abaco Healthcare: The hospital has physicians that are available 24 hours a day, 7 days a week. They bill separately for their services provided to patients. For questions regarding your bill or to inquire if your physician is in network call (866) 952-2255.

Q: My insurance company did not pay my bill according to my benefits. What should I do now?

A: Contact your insurance company and they will answer questions regarding coverage and how the claim was processed.

Q: I received an Explanation of Benefits stating insurance has paid the hospital. Yet, I am still receiving a bill?

A: Insurance companies vary in the payment schedules and notification to their beneficiaries. Therefore it is highly possible that the carrier has sent a payment notification to the member and the hospital has not received the funding.

Q: What if I am unable to pay my bill within the FMH Payment guidelines?

A: Contact your Financial Counselor to discuss alternative payment arrangements or financial assistance. **EMTALA Notice:** Medical treatment will never be delayed or withheld on the basis of patient's ability to pay.

Q: I am a Medicare or a Medicaid recipient. Why am I receiving a bill?

A: If you are receiving a statement after Medicare or Medicaid has paid, it is for co-pay(s) which is your responsibility. Helpful Numbers: **Medicare Beneficiary Line** 1-800-633-4227 or **Medicaid Recipient Line:** 1-800-780-9972

Q: I was quoted a price for my procedure, visit, or exam and my bills were more than expected. Why?

A: A quote is an estimate of anticipated charges, any unforeseen charges or unique treatment plans ordered by your physician have an impact on the final billing amount.

FMH/DC is accredited by Joint Commission. If you have concerns about the care you received, we appreciate the opportunity to resolve the concern by calling 458-5300 or contact Joint Commission at 1-800-994-6610, email: complaint@jcaho.org.

**** DUE DATE: 12/22/04 ****



FAIRBANKS MEMORIAL HOSPITAL
1650 COWLES ST FAIRBANKS, AK 99701-5998
Address Service Requested

PHYSICIAN NAME: DR. JOHN DOE
PATIENT NAME: GARY SUNSHINE

MARY SUNSHINE
2026 W LONE CACTUS
FAIRBANKS, AK 99701

If paying by one of these credit cards, please enter the information on the reverse side.

DATE	ACCOUNT NUMBER	AMOUNT	
12/07/04	1234567	\$263.38	
Indicate Amount Paid \$			

Page 1

CARD NO. _____ EXP DATE _____
 PRINT NAME _____
 SIGNATURE _____ SIGNATURE CODE _____

FAIRBANKS MEMORIAL HOSPITAL
BANNER HEALTH
1650 COWLES ST
FAIRBANKS, AK 99701-5998



Check box if address is incorrect and indicate changes on the reverse side.

Please detach and return top portion with payment.

Dear MARY SUNSHINE:

Thank you for selecting Fairbanks Memorial Hospital as your health care provider. We appreciate the opportunity to have cared for you or your family member.

This is a statement showing the charges incurred at Fairbanks Memorial. You may receive separate statements for physician services which may include ER Physicians, Surgeons, Anesthesiologists, Pathologists, and/or Radiologist as they will bill separately for their services.

Fairbanks Memorial offers a variety of payment options and a financial assistance program. For more information or to request an itemized statement and to make payment arrangements call (907) 458-5530 or (888) 347-5510.

Again, thank you for allowing Fairbanks Memorial the opportunity to meet your medical needs.

STATEMENT	
DESCRIPTION	AMOUNT
— BALANCE FORWARD —	1,371.76
BEECH ST/WP ADJ	-54.88
WELFARE & PEN/FNSB PMT	-1,053.50
ACCOUNT BALANCE	\$263.38
IMPORTANT MESSAGE	
INSURANCE HAS PROCESSED YOUR ACCOUNT. THE BALANCE IS NOW YOUR RESPONSIBILITY. PLEASE REMIT IN FULL. WE ACCEPT CREDIT CARDS AND CHECK BY PHONE. THANK YOU.	

FOR QUESTIONS CALL: (907) 458-5533

PATIENT'S NAME:	GARY SUNSHINE
SERVICE REQUESTED:	LABORATORY
ACCOUNT NUMBER:	1234567
TOTAL CHARGES:	\$1,371.76
ADMISSION DATE:	10/26/01
DISCHARGE DATE:	10/26/01
Frequently Asked Questions on Reverse side...	

We Encourage You To Retain This Statement For Your Personal Records.

FAIRBANKS MEMORIAL HOSPITAL - BANNER HEALTH - 1650 COWLES ST - FAIRBANKS, AK 99701-5998





Banner Health

Fairbanks Memorial Hospital

Community-Owned

Fairbanks Memorial Hospital Financial Assistance Program

How To Apply . . .

In order for us to process your application, you must submit **ALL** of the documents listed below. Any additional documents requested must be received in the Patient Financial Services department within 15 business days. The information received will remain confidential. The collection process will continue until your financial assistance status is determined. Accounts which were assigned to a collection agency will not be eligible for the Financial Assistance program.

Required Documents . . .

- Completed and signed** Financial Assistance Application
- Signed copy of your prior year's tax return, including Schedule C if self-employed, for each adult living in the home. (If you do not have a copy of your tax return, you may obtain this information from the IRS by calling 1-800-829-1040)
- Copy of annual Social Security statements, disability check, and/or unemployment check for each adult living in the home

Additional Documents (that may be requested for each adult living in the home) . . .

- If employed, copies of paycheck stubs from three current, consecutive months
- Copies of last three bank statements (checking and/or savings accounts) and proof of income from other sources (i.e. Social Security, worker's compensation, public assistance, retirement, unemployment benefits, child support)

Completing the application is not a guarantee you will be approved for the Financial Assistance Program. Approval is based on verified annual household income and family size in accordance with the expanded Federal Poverty Guidelines established by the Centers for Medicare and Medicaid (CMS) specifically for the state of Alaska.

You will be sent a notification letter after your financial assistance status is determined. We encourage you to keep this notification letter for reference should you have future dates of service for any of the family members listed on your application.

If you need further assistance or have any questions, you may contact me at (907) 458-5532 or toll free at 1-888-347-5510, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Sincerely,

Marie Nichols

Financial Counselor
Patient Financial Services
Fairbanks Memorial Hospital
1650 Cowles Street
Fairbanks, AK 99701