

Subject <b>Uninsured Patient Pay Discount</b>		No. <b>146</b>	Page <b>1 of 1</b>
Prepared By <b>Patient Financial Services</b>	Prior Issue Date	Issue Date <b>09/01/04</b>	
<b><u>GENERAL</u></b>	It is the policy of Beaumont Hospitals to provide discounts to eligible uninsured self-pay patients. The discount applies to services provided by all Beaumont facilities.		
<b><u>PURPOSE</u></b>	The purpose of this policy is to establish and ensure the identification and application of the Board of Directors' approved patient pay discount.		
<b><u>ELIGIBILITY AND DEFINITION</u></b>	The uninsured self-pay patient is not covered by any Medical Insurance or other third party guarantor. The key indicator in the billing system is represented by F/C 11. The discount will be 15% off regular charges and applied via charge code 27475, Uninsured Patient Discount.		
<b><u>EXEMPT</u></b>	<p>Programs or voluntary services excluded from uninsured discount are as follows:</p> <ul style="list-style-type: none"> <li>▪ Package price services, such as in-vitro fertilization(AR 48), cosmetic surgery(AR 10).</li> <li>▪ Cardiac Rehab Phase III(AR 42), Adult Day Rehab(AR 58), Preschool Program(AR 76).</li> </ul> <p>Liability from patient's insurance obligations:</p> <ul style="list-style-type: none"> <li>▪ Co-pays, deductibles, co-insurance amounts.</li> <li>▪ Non-covered services</li> </ul> <p><b>NOTE: Uninsured discount will not be retroactive from the start date of September 1, 2004.</b></p>		
<b><u>RESPONSIBILITY</u></b>	<p>The servicing/clinical department will establish pricing for charges in accordance with hospital policy and the uniform billing regulations.</p> <p>Information Services will modify the hospital billing system to systematically calculate and apply the uninsured patient pay discount at the initial time of billing to the patient.</p> <p>Patient Financial Services will apply the uninsured patient pay discount manually if it is determined that the patient does not have insurance coverage after initial bill release.</p>		
<b><u>RELATED POLICIES</u></b>	Charity Care Guidelines, Policy 178		

**GENERAL MANAGEMENT**

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