

**BURKE REHABILITATION HOSPITAL**  
**Patient Financial Services**  
**Policy and Procedures**

**Agency Procedures**

Patients with a self pay balance will be sent four (4) statements at thirty (30) day intervals for the outstanding balance due. If a statement is returned for bad address the representative will try to obtain correct/updated address; if unsuccessful this account will be referred for collection review and no subsequent statements should be sent. If there is no response from patient subsequent to the fourth statement, representatives will refer accounts with a balance greater than thirty dollars (\$30.00) for collection review.

Agency referrals will be on a monthly basis and by the review and approval of the Director of Patient Financial Services.

Accounts with balances of \$500.00 and greater that are returned from the Primary Collection Agency as uncollectable will be referred to a Secondary Collection Agency. When accounts are closed and returned as uncollectable from the secondary agency the Hospital will then write off these accounts to the provision for bad debt.

Bad debt write offs are divided into two categories; Medicare Bad Debt and Bad Debt. In order to qualify for Medicare Bad debt, the balance due must be the Part A Deductible, Coinsurance or Lifetime reserve days due from the patient. Medicare Bad Debt also refers to the 20% Part B patient responsibility for outpatient services

The year- end final bad debt report is reviewed and signed by the Director of Patient Financial Services and the Senior VP/CFO.

7/97  
7/00  
12/00  
1/06  
1/11  
1/15  
4/17  
1/19