Livingston HealthCare
Billings Clinic Affiliate

Policy Title: Patient Payments	
Policy Number: OFS 005	
Effective Date: 8/11/2014	**Revision Date: 1/1/2025**
Manual/Section: OFS	
Applicable Catalogs: CAH, SWING, RH	

Policy Statement: To provide general guidelines to staff which outline patient payment responsibilities and various payment arrangements that may be offered to the insured and uninsured patient.
The PFS Manager, Finance Director or CEO may authorize payment arrangements that differ from the policy as outlined.
Policy: It is the policy of Livingston HealthCare to assist patients with financial arrangements for services.
Procedure:
Patients with recommended elective and non-emergent procedures or diagnostic tests will be referred to the Financial Counselors for an estimate of charges. The patient responsible portion is expected no later than 5 business days prior to the scheduled date of service or the service may be re-scheduled.
Scheduled OB patients will be referred to the Financial Counselor for an estimate of charges, and to determine a down payment and payment plan for the balance due.
The following is information related to payment and insurance filing policies:
Scheduled OB patients will be referred to the Financial Counselor for an estimate of charges, and to determine a down payment and payment plan for the balance due.
The following is information related to payment and insurance filing policies:
Private Pay
Full payment is expected at the time of service for clinic visits. Full payment is Expected 5 business days prior to a scheduled elective procedure.
Medicare
Medicare is billed and any supplemental or secondary insurance is billed upon verification of Medicare benefits. Patients are responsible for co-pay, deductible and non-covered services at the time of service.
Medicaid
Medicaid is billed upon verification of eligibility. Patients are responsible for any co-pay or non-covered services at the time of service.
Miscellaneous
Livingston HealthCare is a participating provider with certain insurance programs. Patients in these programs will be responsible for any estimated patient responsibility such as co-pays, deductibles, and non-covered services at the time of service. Patients with insurance where Livingston HealthCare has no contractual arrangement will have their claims submitted by Livingston HealthCare, but will be responsible for the entire

estimated patient responsibility at the time of service.

Patient Financial Services staff will work with patients who have balances related to urgent or emergency services and cannot pay the balance in full within 30 days of the statement date.
Options may include:
a) Application to apply for State Financial Assistance Programs
(e.g., Medicaid; CHIP)
b) A short-term payment agreement with Livingston HealthCare(see below)

Payment Guidelines Based on
Account Balances

Payment timeline From To_____
3 months $5.00 $ 500.00
6 months $501.00 $1,000.00
9 months $1,000.00 $ 2,000.00
12 months $2,001.00
d) Application to apply for Livingston HealthCare's Financial Assistance Program.
Livingston HealthCare accepts cash, personal checks, Visa, MasterCard, American Express and Discover cards.
Authorized Signature:

Definitions

Procedure

1.

2.

References

Attachments