

**HOSPITAL AND MEDICAL FOUNDATION OF PARIS, INC
(dba Horizon Health)
FINANCIAL ASSISTANCE POLICY**

PURPOSE:

The purpose of this policy is to further the charitable mission of the Hospital and Medical Foundation of Paris Inc. (HMFP) (dba Horizon Health) by providing financially disadvantaged and other qualified patients with an avenue to apply for and receive free or discounted care consistent with requirements of the Internal Revenue Code and implementing regulations.

SCOPE:

This policy is applicable to all Horizon Health's patients who live in our service area, which is defined as all of Edgar County and Clark County and the following zip codes in surrounding areas:

61930 Hindsboro
61942 Newman
61912 Ashmore
61943 Oakland
61920 (Bushton and Rardin only)
61846 Georgetown
61850 Indianola
61870 Ridge Farm
61876 Sidell

Exceptions to the service area as follows:

1. All covered (insured) lives enrolled in our Horizon Health employee's health coverage plan, regardless of county of residence.
2. Any employee who is insured through an outside health coverage plan, regardless of county of residence.

POLICY:

I. ELIGIBILITY CRITERIA

The following classes of individuals and categories of care are eligible for financial assistance under this policy:

A. Financially In Need

To qualify as Financially In Need, the patient must be Uninsured or Underinsured and have a Household Income of equal to or less than 250% of Federal Poverty Level. The following definitions apply to such eligibility criteria:

"Uninsured": A patient who (i) has no health insurance or coverage under governmental health care programs, and (ii) is not eligible for any other third-party payment such as worker's compensation or claims against others involving accidents.

"Underinsured": A patient who (i) has limited health insurance coverage that does not provide coverage for hospital services or other medically necessary services provided by Horizon Health or (ii) has exceeded the maximum liability under his/her insurance coverage.

"Household Income": The total income of all members living in the patient's household over the twelve (12) months prior to application for assistance under this policy.

B. Failure to Apply for Medicaid

Patients who may be eligible for Medicaid and fail to apply for Medicaid at Horizon Health's request are not considered eligible for financial assistance under this policy.

C. Categories of Care Eligible for Financial Assistance

Provided that the patient qualifies as Financially In Need, the following classes of care are eligible for financial assistance under this policy:

- Emergency medical care
- Medically necessary care

Regardless of a patient's status as Financially In Need, cosmetic procedures, special cash pay services, and Occupational Health services are not eligible for financial assistance under this policy.

Veterans: Financial Assistance is only available for services approved by the VA to be provided by Horizon Health.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians and practitioners is covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

Patients may obtain a current list of providers who are subject to this policy at no charge by visiting Horizon Health, 721 East Court St, Paris, IL 61944, calling 217-466-4257, or by visiting www.myhorizonhealth.org/financialassistance.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed (AGB) by Horizon Health to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

A. Calculation of Amounts Generally Billed (AGB)

The Hospital specific AGB is derived by using the prospective method for claims paid by Medicare Fee-for Service, together with any associated portions of these claims paid by Medicare beneficiaries (co-pays, deductibles). The AGB Percentage shall be updated annually for a twelve (12) month period from January 1 to December 31 and allows 120 days for such changes to be made and updated in the FAP. The calculation of the Hospital-Specific AGB Percentage shall comply with the “prospective method” described in the IRS Regulation 501(r)-5(b) (1) (B). The current AGB percentage is 50%.

The Hospital limits the amounts charged for emergency and medically necessary services provided to individuals eligible for assistance under this Policy to not more than the amounts generally billed to individuals who have insurance coverage for such care.

B. Amount of Financial Assistance/Discount

Family Income as a % of Federal Poverty Level	% of Balance to be Written Off
150% or less	100%
151% - 170%	90%
171% - 190%	80%
191% - 210%	70%
211% - 230%	60%
231% - 250%	50%

The Federal Poverty Guidelines are established and published annually by the Department of Health and Human Services. Options other than this financial assistance program may be available to Illinois uninsured persons residing outside of Horizon Health’s defined service area as described.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on Horizon Health’s financial assistance application form to Horizon Health. Completed applications must be returned to Horizon Health at 721 East Court St., Paris, IL 61944.

Patients may obtain a copy of this policy, a plain language summary of this policy, and a financial assistance application free of charge (i) by mail by calling (217) 466-4257, (ii) by download from www.myhorizonhealth.org/financialassistance, or (iii) in the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944. English and Spanish versions are available for the FAP, FAP application form, and plain language summary of the FAP. Further translation is available via the hospital's contracted service. Those include Polish, Chinese, Korean, Tagalog, Arabic, Russian, Gujarati, Urdu, Vietnamese, Italian, Hindi, French, Greek, and German.

A. Completed Applications

Upon receipt, Horizon Health will suspend any ECAs taken against the patient and process, review and make a determination on completed financial assistance applications submitted as set forth below.

Unless otherwise delayed as set forth herein, such determination shall be made within 60 days of submission of a timely completed application. Patients will be notified of Horizon Health's determination as set forth in the Billing and Collection provisions detailed in the separate Billing and Collection Policy.

To be considered "complete" a financial assistance application must provide all information requested on the form and in the instructions to the form.

Horizon Health will not consider an application incomplete or deny financial assistance based upon the failure to provide any information that was not requested in the application or accompanying instructions. Horizon Health may take into account in its determination (and in determining whether the patient's application is complete) information provided by the patient other than in the application.

For questions and/or assistance with filling out a financial assistance application, the patient may contact the patient services office, Financial Assistance Coordinator at Horizon Health, 721 East Court St., Paris, IL 61944.

If a patient submits a completed financial assistance application and Horizon Health determines that the patient may be eligible for participation in Medicaid, Horizon Health will notify the patient in writing or by phone of such potential eligibility and request that the patient take steps necessary to enroll in such program. In such circumstances Horizon Health will delay the processing of the patient's financial assistance application until the patient's application for Medicaid is completed, submitted to the requisite governmental authority, and a determination has been made. If the patient fails to submit an application within thirty (30) days of Horizon Health's request, Horizon Health will process the completed financial assistance application and financial assistance will be denied due to the failure to meet the eligibility criteria set forth herein.

Final determination / approval of eligibility for financial assistance shall be made by the Chief Financial Officer up to \$5000.00. Approval for over \$5000.00 will be given by the Finance Committee of the Board of Trustees. Upon approval, the patient's account is then written off as Charity Care. This write-off is reflected on the income statement as an element of Deductions from Revenue.

B. Incomplete Applications

Incomplete applications will not be processed by Horizon Health. If a patient submits an incomplete application, Horizon Health will provide the patient with written or verbal notice setting forth the additional information or documentation required to complete the application. The written notice will include the contact information (telephone number and physical location of the office) of patient financial assistance. The notice will provide the patient with at least 10 days to provide the required information.

C. Presumptive Eligibility

Criteria will be used to determine if a patient is eligible for financial assistance without further scrutiny by Horizon Health. These categories will reflect the free care mandate included in the 2012 Amendment to the Hospital Uninsured Patient Discount Act (HUPDA) legislation for uninsured patients.

- a. Deceased with no estate
- b. Homelessness
- c. Mental incapacitation with no one to act on patient's behalf
- d. Patients who have active IL Medicaid eligibility, but not on date of service or for noncovered services
- e. Uninsured inmates incarcerated in a penal institution on the date of service if the visit is not a result of an injury in the penal institution.

D. Medically Indigent:

For families whose combined medical debt owed to Horizon Health exceeds 36 payments according to the minimum monthly payment policy the excess amount may be considered for financial assistance. Application must be made and proof of income and/or expenses must be provided to show eligibility.

V. COLLECTION ACTIONS

For further information on the actions Horizon Health may take in the event of non-payment, please see Horizon Health's Billing and Collection Policy (Attachment 1). Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient services office, Financial Assistance Coordinator (217) 466-4257, (ii) by request in person at patient accounts Horizon Health 721 East Court St, Paris, IL 61944, or (iii) by download at www.myhorizonhealth.org/financialassistance.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy. Horizon Health will

not take any action that may interfere with the provision of emergency medical treatment, for example, by demanding payment prior to receiving treatment for emergency medical conditions or permitting debt collection activities that interfere with the provision of emergency medical care in the emergency department. Emergency medical treatment will be provided in accordance with Horizon Health policies governing and implementing the Emergency Medical Treatment and Active Labor Act.

Financial Assistance Policy Appendix A: Provider List			
Created 07/08/2015, updated 5/09/22			
Provider Name	Specialty	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Anita Toussi, MD	Hospitalist/ER	Y	
Clifford Masom, MD	Hospitalist/ER	Y	
Darren Brucken, MD	Hospitalist/ER	Y	
Heather Fleming, MD	Hospitalist/ER	Y	
Jennifer Likens, APRN	Hospitalist/ER	Y	
John Ventura, MD	Hospitalist/ER	Y	
Justin Kriezelman, MD	Hospitalist/ER	Y	
Lynne Adams, APRN, FNP	Hospitalist/ER	Y	
Michael Abrahams, MD	Hospitalist/ER	Y	
Michelle Maureau, DO	Hospitalist/ER	Y	
Pavel Antonov, MD	Hospitalist/ER	Y	
Peter Kamhout, MD, FACEP	Hospitalist/ER	Y	
Shawn Robertson, DO	Hospitalist/ER	Y	
Shereaf Walid, MD	Hospitalist/ER	Y	
Tabitha Gilman, APRN, FNP	Hospitalist/ER	Y	
Arturo Menchaca, MD	Active Staff-OB Gyn/Urogynecology	Y	
Arun Bajaj, MD	Active Staff-Family Practice	Y	
Brittany Wojnicki, DPM	Active Staff-Podiatry	Y	
C. Tyson, MD	Active Staff-Cardiology	Y	
Edward Rico, MD	Active Staff-Endocrinology	Y	
Harish Kempedowda, MD	Active Staff-Orthopedic Surgery	Y	
Jeff Bollenbacher, DO	Active Staff-Orthopedic Surgery	Y	
Jitendrakumar D. Sodvadiya, MD	Active Staff-Family Practice	Y	
Laney Robinson, MD	Active Staff-Family Practice	Y	
Manishkumar Gorasiya, MD	Active Staff-Family Practice/Hospitalist Services	Y	
Maria Horvat, MD	Active Staff-Family Practice	Y	
Melissa Thomas, APRN, NP	Active Staff-Cardiology	Y	
Philip W. Holloway, DPM	Active Staff-Podiatry	Y	
Rahat H. Sheikh, MD	Active Staff-Family Practice	Y	
Rakesh Garg, MD	Active Staff-Neurology	Y	
Ronald Wheeler, MD	Active Staff-Orthopedic Surgery	Y	
Yaniv Cozacov, MD	Active Staff-General Surgery	Y	
Angela parish, APRN, FNP	Active Staff-Family Nurse Practitioner	Y	
Angela R. Hamilton, NP	Active Staff-Family Nurse Practitioner	Y	
Carrie Cunningham, NP	Active Staff-Family Nurse Practitioner	Y	
Casey Anderson, NP	Active Staff-Family Nurse Practitioner	Y	
Charlene Moore, NP	Active Staff-Family Nurse Practitioner	Y	
Crystal White, NP	Active Staff-Family Nurse Practitioner	Y	
Danielle Ireland, NP	Active Staff-Family Nurse Practitioner	Y	
Debra Griffin, NP	Active Staff-Family Nurse Practitioner	Y	
Greta Obereiner, APRN	Active Staff-Family Nurse Practitioner	Y	
Joy Williams, NP	Active Staff-Family Nurse Practitioner	Y	
Karen Smith, APRN	Active Staff-Family Nurse Practitioner	Y	
Kayla Miller, APRN	Active Staff-Family Nurse Practitioner	Y	
Kayla Ogle, APRN	Active Staff-Family Nurse Practitioner	Y	
Kelsey Fuqua, APRN, FNP	Active Staff-Family Nurse Practitioner	Y	
Kevin Hair, APRN	Active Staff-Family Nurse Practitioner	Y	
Kristina Gabbard, APRN	Active Staff-Family Nurse Practitioner	Y	
Leslie Brown, APRN, ANP, DWC	Active Staff-Family Nurse Practitioner	Y	
Lori Carpenter, APRN	Active Staff-Family Nurse Practitioner	Y	
Mallory Simonton, NP	Active Staff-Family Nurse Practitioner	Y	
Melissa Thomas, APRN, FNP	Active Staff-Family Nurse Practitioner	Y	

Financial Assistance Policy Appendix A: Provider List

Created 07/08/2015, updated 5/09/22

Provider Name	Specialty	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Nic Thomas, APRN, FNP	Active Staff-Family Nurse Practitioner	Y	
Paige Wampler, NP	Active Staff-Family Nurse Practitioner	Y	
Samantha Volstorf, NP	Active Staff-Family Nurse Practitioner/Hospitalist Services	Y	
Sara Spesard, NP	Active Staff-Family Nurse Practitioner/ER Coverage	Y	
Susan Pearman Arp, NP	Active Staff-Family Nurse Practitioner	Y	
Adam Schneider, CRNA	Active Staff-CRNA	Y	
Erin Hein, APRN CRNA	Active Staff-CRNA	Y	
James Griggs, MD	Active Staff	Y	
Kenshasa Cotton, CRNA	Active Staff-CRNA	Y	
Scott Williamson, APRN CRNA	Active Staff-CRNA	Y	
Tara Crews, APRN, CRNA	Active Staff-CRNA	Y	
Bruce J. C. Houle, DO	Active Staff/Radiologist	Y	
Leighsa Cornwell, RN, BS, IBCLC, CDE	Active Staff-Disease Management	Y	
Patrick Kippenbrock, MD	Active Staff-Pathology	Y	
Sarah Propst, MOT, OTR, CHT	Active Staff-Occupational Therapist	Y	
Alli Ankiewicz, MC, ATC	Active Staff-Rehab. Services	Y	
Amanda Keys, PTA	Active Staff- Rehab. Services	Y	
Andrea Alexander, PT	Active Staff-Rehab. Services, Lymphedema Therapy	Y	
Annie Wooten-Barrett, DPT	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Brenda Stevens, SLP	Active Staff-Speech Pathologist, Rehabilitation Services	Y	
Brock Athey, MPT, PT	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Christina Huber, PTA	Active Staff-Rehab. Services	Y	
Clinton Schlosser, MS, ATC	Active Staff-Rehab. Services	Y	
Danielle Colvin, PT, DPT, OCS	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Hetal Vora, PT, DPT	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Jim Burdick, PTA	Active Staff-Rehab. Services, Massage Therapy	Y	
Lisa Smittkamp, PTA	Active Staff-Rehab Services & Sports Medicine	Y	
Lorie Edwards, DPT	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Morgan Kincaid, DPT	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Rachel Vice, PT, DPT, ATC	Active Staff-Physical Therapist, Rehabilitation Services	Y	
Sheryl Hendry, PTA	Active Staff-Rehab. Services	Y	
Abby Barrett, LSW	Active Staff-Social Worker	Y	
Ronald Johnson, MD	Active Staff-Psychiatrist, Senior Care	Y	
Qun Wu, MD, PHD	Active Staff-Psychiatrist, Behavioral Health	Y	
William Elliott, PhD, CCHP	Active Staff-Psychology, Behavior Health	Y	
Glen Yang, MD	Visiting Provider-Urology	Y	Covered if HMFP bills for services rendered. Not covered if billed through Carle Physician Group
Mehmoodur Rasheed, MD	Visiting Provider-Rheumatology	N	
Marilyn Marks-Frey, PhD	Psychologist	N	
Tony K. Nasser, MD	Visiting Provider-Cardiology	N	
Alicia Sledge, APRN	Visiting Provider-Gastroenterology	N	
Raj Jeevan, MD	Visiting Provider-Nephrology	N	

Financial Assistance Policy Appendix A: Provider List			
Created 07/08/2015, updated 5/09/22			
Provider Name	Specialty	Covered by FA Policy	Comments/Exceptions to Coverage by Financial Assistance Policy
Sang Huh, MD	Visiting Provider-Oncology	N	
Priyank Patel, MD	Visiting Provider-Oncology	N	
Wagih Satar, MD	Visiting Provider-Ophthalmology Surgical Services	N	
Donald Davison, MD	Visiting Provider-Pulmonology	N	
Walid Halees, MD	Visiting Provider-Pulmonology	N	
Syed Hussain, MD	Visiting Provider-Vascular Surgery	N	
Sherri Morrison, PA	Visiting Provider-Vascular Surgery	N	
Jennifer Ash, MD	Visiting Provider-Vascular Surgery	N	

ATTACHMENT 1
HOSPITAL AND MEDICAL FOUNDATION OF PARIS, INC
(dba Horizon Health)
BILLING AND COLLECTION POLICY

PURPOSE:

To ensure appropriate billing and collection procedures are uniformly followed under our financial assistance policy and IRS section 501(r).

SCOPE:

This policy applies to all patient accounts of Hospital and Medical Foundation of Paris, Inc. (HMFP)/Horizon Health.

POLICY:

This policy applies to HMFP and its employed partners together with the HMFP Financial Assistance Policy (FAP), and is intended to meet the requirements of applicable federal, state and local laws, including, without limitation, section 501(r) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder. This policy establishes the actions that may be taken in the event of nonpayment for medical care provided by HMFP, including but not limited to extraordinary collection actions. The guiding principles behind this policy are to treat all patients and Responsible Individual(s) equally with dignity and respect; to ensure appropriate billing and collection procedures are uniformly followed; and to ensure that reasonable efforts are made to determine whether the Responsible Individual(s) for payment of all or portion of a patient account is eligible for assistance under the FAP.

I. Definition:

Plain Language Summary means a written statement that notifies a Responsible Individual(s) that HMFP offers financial assistance under the FAP for inpatient and outpatient hospital services and contains the information required to be included in such statement under the FAP.

Billing Deadline means the date after which HMFP or collection agency may initiate the Extraordinary Collection Action (ECA) against the Responsible Individual(s) who has failed to submit an application for financial assistance under the FAP. The Billing Deadline must be specified in a written notice to the Responsible Individual(s) provided at least 30 days prior to such deadline, but no earlier than 120 days after first post discharge statement.

Completion Deadline means the date after which HMFP or collection agency may initiate or resume and ECA against a Responsible Individual(s) who has submitted an incomplete application if that individual(s) has not provided missing information and/or documentation necessary to complete the application or denied application. The Completion Deadline must be specified in a written notice and must be no earlier than later of (1) Thirty (30) days after HMFP provides the Individual(s) with this notice; or (2) the last day of the application period.

Extraordinary Collection Action (ECA) means any action against the Responsible Individual(s) responsible for a bill related to obtaining payment of a Self-Pay Account that requires legal or judicial

process or reporting adverse information about the Responsible Individual(s) to consumer credit reporting agencies/credit bureaus. ECAs do not include transferring a Self-Pay Account to another party for purposes of collection without use of any ECAs.

Financial Assistance Policy–Eligible Individual(s) means a Responsible Individual(s) eligible for financial assistance under the FAP without regard to whether the Responsible Individual(s) has applied for assistance.

Financial Assistance Policy (FAP) means HMFP’s Financial Assistance Program for Uninsured and Underinsured patient(s) Policy, which includes eligibility criteria, the basis for calculating charges, the method of apply for policy and the measure to publicize the policy, and sets forth the financial assistance program.

Patient Accounts means the operating unit of HMFP for billing and collection of Self-Pay Accounts.

Responsible Individual(s) means the patient and any other individual(s) having financial responsibility for a Self-Pay Account. There may be more than one Responsible Individual(s).

Self-Pay Account means that portion of a patient account that is the responsibility of the patient or other Responsible Individual(s), net of the application of payments made by any available healthcare insurance or other third-party payer (including co-payments, co-insurance and deductible), and net of any reduction of write off made with respect to such patient account after application of an assistance program, as applicable.

II. Procedure:

- A. Subject to compliance with the provisions of this policy, HMFP may take any and all legal actions, including Extraordinary Collection Actions, to obtain payment for medical services provided.
- B. HMFP will not engage in ECAs, either directly or by any debt collection agency or other party which the hospital has referred the patient’s debt, before reasonable efforts are made to determine whether a Responsible Individual(s) is eligible for assistance under the FAP.
- C. All patients will be made aware of the FAP assistance program at the time of admission or registration at the facility, which is noted on our consent for treatment form.
- D. At least three separate statements for collections of Self-Pay Accounts shall be mailed to the last known address of each Responsible Individual(s); provided, however, that no additional statements need to be sent after a Responsible Individual(s) submits a complete application for financial assistance under the FAP or has paid in full. At least 120 days shall have elapsed between the first and last of the required three mailings. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for reasonable effort will have been made. All Patient Account statements of Self-Pay Accounts will include but are not limited to:
 1. An accurate summary of the services covered by the statement (including patient name, service date, type of service provided and physician)
 2. The charges for such services
 3. Any adjustments or payments received prior to statement generation

4. The amount required to be paid by the Responsible Individual(s) (or, if such amount is not known, a good faith estimate of such amount as of the date of the initial statement); and
5. A conspicuous written notice on the statement that notifies and informs the Responsible Individual(s) about the availability of Financial Assistance under the FAP including the telephone number of the department and direct website address where copies of the documents may be obtained.

E. At least one of the statements mailed will include written notice that informs the Responsible Individuals(s) about the ECAs that are intended to be taken if the Responsible Individual(s) does not apply for financial assistance under the FAP or pay the amount due by the Billing Deadline. Such statement must be provided to the Responsible Individual(s) at least 30 days before the deadline specified in the statement. It is the Responsible Individual(s) obligation to provide a correct mailing address at the time of service or upon moving. If an account does not have a valid address, the determination for reasonable effort will have been made.

1. An ECA Notification will be mailed by Magnet Solutions individually after three separate statements have been issued (barring a bad address) 90 days after the first post discharge statement and 30 days prior to intended placement of bad debt. The ECA will not be included with a statement.
 - a. The ECA Notification is not an attempt to collect the balance, rather to list all “at risk” accounts, notify the patient of the availability of Financial Assistance as well as what ECA HMFP intends to initiate. For this reason, the offering to pay online or mail payment is not included, nor a remit coupon.

F. Prior to initiation of ECAs, an oral attempt will be made to contact the Responsible Individual(s) by telephone at the last known telephone number, if any, at least once during the series of mailed statements if the account remains unpaid. During all conversation, the patient or Responsible Individual(s) will be informed about the financial assistance that may be available under the FAP.

G. ECAs may be commenced as follows:

1. Patient Accounts provides the Responsible Individual(s) a written notice that describes the additional information or documentation required under the FAP in order to complete the application for financial assistance, which notice will include a copy of the Plain Language Summary.
2. Patient Accounts will provide the Responsible Individual(s) with at least 30 days prior written notice of the ECAs that HMFP or collection agency may initiate against the Responsible Individual(s) if the FAP application is not completed or payment is not made; provided, however, that the Completion Deadline for payment not be set prior to 120 days after the first post discharge statement.
3. If the Responsible Individual(s) who has submitted the incomplete application completes the application for financial assistance, and Patient Accounts determines definitively that the Responsible Individual(s) is ineligible for any financial assistance under the FAP, HMFP will inform the Responsible Individual(s) in writing the denial and include a 30 days prior written notice of the ECA’s that HMFP or collection agency may initiate against the

Responsible Individual(s); provided, however, that the Billing Deadline may not be set prior to 120 days after the first post discharge statement.

4. If the Responsible Individual(s) who has submitted the incomplete application fails to complete the application by the Completion Deadline set in the notice provided pursuant to Section III above, the ECAs may be initiated.
5. If an application, complete or incomplete, for financial assistance under the FAP is submitted by a Responsible Individual(s), at any time prior to the Application Deadline, HMFP will suspend ECAs while such financial assistance application is pending. This will include any current accounts and bad debt accounts going back 240 days from the date of the first statement on the account.

H. After the commencement of ECAs is permitted under Section III.G above, collection agencies shall be authorized to report unpaid accounts to credit agencies, and to file judicial or legal action, garnishment, obtain judgment liens and execute upon such judgment liens using lawful means of collection; provided, however, that prior approval of Patient Accounts shall be required before initial lawsuits may be initiated. HMFP and external collection agencies may also take any and all legal actions including but not limited to telephone calls, emails, texts, mailing notices and skip tracing to obtain payment for medical services provided.

III. Policy Availability

Contact the HMFP Patient Services, Financial Assistance Coordinator office at (217) 466-4257 for information regarding eligibility of programs that may be available to you, to request a copy of the FAP, FAP application form, or Billing and Collection Policy to be mailed to you. Full disclosure of the FAP, FAP application form, or Billing and Collection Policy may be found at www.myhorizonhealth.org/financialassistance. A paper copy of our FAP, FAP application form or Billing and Collection Policy can be obtained at our facility located at 721 East Court St, Paris, IL, 61944 within the Patient Services Financial Assistance Coordinator office. Language translations are available.