

LOS PINOS FIRE PROTECTION DISTRICT STANDARD OPERATING PROCEDURE



| TITLE | NUMBER | EFFECTIVE DATE | REVISION DATE |
|-------------|--------|-------------------------------|---------------|
| COLLECTIONS | 504 | August 9 th , 2005 | |

GENERAL

The Los Pinos Fire Protection District recognizes that there will be times when patients do not pay the bill for services rendered. The reason for this may be due to dissatisfaction with services rendered, neglect, lack of funds, etc. The Los Pinos Fire Protection District does not want to place an undo hardship on those indigent persons who are truly needing the services, and unable to pay for services rendered.

Patients who provide evidence of receiving Colorado Indigent Care will be billed 20% of their total bill.

Insurance companies and individuals who are uninsured may receive a 20% discount on their bill if they pay in full within 45 days. An agreement must be completed and signed.

All patient service fees shall be due within sixty (60) days of billing. Patients shall be responsible for payment for service, regardless of whether the patient has insurance benefits that may provide payment for all or part of the service fees, and regardless of whether the Los Pinos Fire Protection District (LPFPD) chooses to bill the insurer directly. LPFPD staff will make reasonable, good faith efforts to collect all patient service fees. Such efforts shall include initial billings, and notice to accounts which are thirty (30), sixty (60), ninety (90) or more days delinquent. LPFPD staff may enter into payment agreements without Board approval which provide for payment of accounts in full within twenty four (24) months. Such agreements shall provide that if the patient fails to make an agreed upon payment, the full amount of the account shall be due and payable. All accounts which are sixty (60) days delinquent and for which staff have been unable to obtain a payment agreement, shall be reviewed for appropriateness and may be forwarded on to collections. Any request that fees be waived due to inability to pay or valid other reasons shall be considered and acted upon by the EMS Director. The EMS Director will determine when service fees should be waived as uncollectible, or whether legal action should be brought for collection.

Larry Behrens, Fire Chief

August 9th, 2005

Date



Los Pinos Fire Protection District
P.O. Box 319
Ignacio, CO 81137-0319
(970) 563-9501

August 26, 2010

Dear _____,

This letter is in regards to your ambulance transport by the Los Pinos Fire Protection District on **2005**. Enclosed you will find information to be completed by you, regarding your medical insurance, auto insurance, Medicare, Medicaid, or the Indian Health Service where you receive your medical care. Also enclosed is our financial policy and or Notice of Privacy Practices, if you did not receive one at the time of service.

The charge for your ambulance transport is \$ _____ and is due _____, **2005**. Los Pinos Fire will bill your insurance as a courtesy to you.

Due to the unexpected expense of a medical emergency, we offer several repayment options. Outlined below are the steps to assure your bill is resolved in a timely manner.

1. Complete the attached insurance information form and return immediately.
2. For those patients who are self insured, paying in full within 45 days will give you a twenty percent (20%) discount. Please contact us to sign an agreement.
3. For those patients who prefer to set up a payment plan, call and we will send you a payment agreement, where you can pay your bill monthly (interest free). Please contact us to sign an agreement.
4. For those patients who fail to either set up a payment plan or pay their bill in full within 60 days of this letter, we find it necessary to forward the bill to collections.

For patients who are enrolled Southern Ute Tribal members, you must list your census number on the insurance information sheet, sign and return the sheet. After your insurance is billed, the balance is covered by the annual contribution made by the Southern Ute Indian Tribe.

For patients who are Southern Ute Health Clinic beneficiaries, you must complete the insurance information sheet, noting the clinic where you receive medical care, sign and return the sheet. Once your insurance is billed, the balance is covered by the annual contribution made by the Indian Health Clinic.

If you have any questions, please feel free to give me a call.

Sincerely,

Kathy Pannell
DBA: Healthcare Billing Service
(970) 259-9680