

AVITA HEALTH SYSTEM – COLLECTION POLICY

PLAIN LANGUAGE STATEMENT

Avita Health System – Galion, Bucyrus, and Ontario Hospitals and our Avita physicians are dedicated to providing the highest quality and most cost-effective care. All patients shall be admitted to the hospital for urgent and emergent care without discrimination based on race, color, creed, national origin, sex, age, disability, sexual orientation, or ability to pay.

INSURED, UNINSURED, ALL PATIENTS

Our Avita team will bill your insurance carrier based on information given during the scheduling and registration process. If your claim is not paid, you should contact your insurance company to resolve any issues; our customer service team and Patient Billing Advocates are available to answer any questions you may have or assist you in contacting your insurance company.

Patients (insured and uninsured) will be billed directly and timely, receiving a series of communications from Avita Health System. If reasonable attempts to resolve a past due patient balance using these methods are not successful within 120 days, the account will be referred to an outside collections agency. Patient statements and letters include a financial assistance application along with phone numbers and our website for further assistance or information.

You will receive a series of communications from Avita Health System concerning your patient responsibility amount, which may include statements, letters, or phone calls. Please see below for payment options and available assistance programs.

Avita offers a 15% discount to the uninsured for medically necessary health services. This discount allows us to provide uninsured patients to pay prices that are similar to the reimbursement we receive from other groups, including government and private payers. If the patient is deemed eligible for financial assistance, the 15% discount will be reversed, and assistance will be given on total charges.

All patients may request an itemized statement for their accounts at any time.

If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days if possible and will hold the account for at least 30 days before referring the account for collections.

Avita may approve payment plan arrangements for patients to indicate they may have difficulty paying their balance in a single installment. However, Avita is not required to accept patient-initiated payment arrangements and may refer accounts to collection as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

PAYMENT METHODS

1. [Pay online](#) with any major credit or debit card.
2. Authorize an electronic withdrawal from your checking account.
3. Bring cash payments to the Cashier's Office at any hospital or the front desk of any Avita physician's office or outpatient facility.
4. Mail check or money order to the Avita lockbox at P.O. Box 637235, Cincinnati, OH 45263.
5. Complete and mail the credit/debit card information section on your statement to the Avita lockbox:
P.O. Box 637235, Cincinnati, OH 45263

PAYMENT OPTIONS

1. Payment in full within 25 days of your first statement and take advantage of the prompt payment discount on qualifying hospital services
2. Contact our Customer Service team to request a 3-month payment plan through Avita Health System
3. Apply for a payment plan through our partner, HELP Financial. Contact our Avita Customer Service team, contact HELP Financial (855-294-7814), or [apply online](#):
 - a. Up to 36-month payment plan
 - b. Interest-free for the first 12 months
 - c. 8.0% interest on the remaining principle after the first 12 months
 - d. Multiple family accounts can be combined into a HELP Payment Plan
 - e. As future hospital or physician bills arise, you can simply charge them to your HELP payment plan account

Failure to resolve your account in a timely manner may result in a referral to an outside collection agency 120 days from the first post-discharge statement. Avita's Patient Financial Services team is also authorized to approve legal action when patients who have the ability but are unwilling to pay do not do so.

COLLECTION ACTIVITY EXTRAORDINARY COLLECTION ACTIONS (ECAs)

Patient balances may be referred to a third party for collection 120 days from the first post-discharge statement at the discretion of Avita Health System. Avita Health System will maintain ownership of the debt.

Patient balances will only be referred to a collection agency if, to the best of the Avita staff's knowledge:

- a. There is a reasonable basis to believe the patient owes the debt.
- b. All third-party payers have been properly billed, and the remaining debt is the patient's financial responsibility.
- c. The open balance is the patient liability amount and does not relate to a claim denied due to an Avita Health System error.
- d. The responsible individual has not submitted a complete financial assistance application within the required timeframe.

Collection activity will include telephone calls, collection mailings, personal interviews, and other appropriate contacts. The individual will receive a written notice at least 30 days before legal action will be taken. Legal actions taken are described as Extraordinary Collection Activity (ECAs). ECAs include reporting adverse information to the credit bureaus; or referring the outstanding balance to an attorney for review to commence a civil action, obtain judgment, and file wage garnishments, bank garnishments, or judgment liens, as necessary and appropriate.

Before engaging in ECAs to obtain payment for care, Avita Health System will make reasonable efforts to determine if an individual is eligible for financial assistance under our financial assistance policy. At least 30 days before initiating ECAs to obtain payment, Avita will provide a written notice listing the potential ECAs that may be taken to obtain payment for care and gives a deadline after which ECAs may be initiated. ECAs will not be taken until at least 240 days have passed since the first post-discharge statement was provided.

FINANCIAL ASSISTANCE AVAILABLE TO BOTH UNINSURED AND UNDERINSURED PATIENTS

If you are financially unable to pay, we want to help you apply for available assistance programs, including Ohio's Hospital Care Assurance Program (HCAP). Through HCAP, Avita provides basic, medically necessary hospital services free of charge to Ohio residents whose income falls below the HCAP guidelines. If your income exceeds these guidelines, but your limited income, savings, and/or assets or your extensive medical bills do not allow you to pay for your services, please contact us to see if you qualify for a discount based on your financial need. Standardized criteria are based on total gross family income and the number of dependents in the family unit. The Federal Poverty Guidelines, in effect on the service date, are the basis for determining the income guidelines. We encourage all eligible patients to apply and provide information through discussions during scheduling, registration, financial counseling,

and billing conversations. We also publish information and guidelines on signage and our statements and provide information to community action groups.

- Financial assistance requests can be made by contacting the Customer Service team via telephone or written correspondence or by visiting the Financial Counseling team located at any Avita hospital
 - Applications are available free of charge:
 - [Download Application](#)
 - Submit your application online – Coming Soon!
 - Back of your first Avita statement
 - Call the Customer Service team to request an application be mailed to you
 - From your Avita physician's office or the Cashier's Office at any hospital
 - Mail your completed application and supporting documentation to:
Avita Health System
Attn: Financial Counselor
269 Portland Way South
Galion, OH 44833
- Or bring your completed application and supporting documentation to any Avita location.
- Avita will not refer accounts to a collection agency if the patient's initial financial assistance application has not yet been processed and the patient has not yet been notified of the determination.
 - Financial assistance approval letters will notify the family of the assistance expiration date*. A new application must be submitted for any services after the expiration date.
* Expiration date will always be within 90 days for outpatient services and 45 days from inpatient services.

A comprehensive description of Avita's Financial Assistance Policy and an application with instructions can be obtained:

- On Avita's Website – avitahealth.org
- By contacting:
 - Customer Service Line at 419-468-0512
 - Patient Billing Advocate at 419-563-9810 or 419-468-0513
- At any Avita Hospital Registration or Cashier location

IMPORTANT CONTACT INFORMATION

Customer Service Line: 419-468-0512

Patient Billing Advocates: 419-462-4502

Written communication address:

Financial Counseling Team
Avita Health System
269 Portland Way South
Galion, OH 44833