

	Connecticut Children's Medical Center - Policy and Procedure Manual		
	Fiscal	Date Effective:	October 21, 2011
	Patient Financial Assistance	Date of Origin:	March 1, 2002
	Approved By: Finance Administration	Date Approved:	September 28, 2011

I.Purpose

The purpose of this policy is to establish the process for providing financial assistance for patients of Connecticut Children's Medical Center and/or Connecticut Children's Specialty Group.

II.Policy

Connecticut Children's Medical Center (Connecticut Children's) will provide care to patients presenting with emergency medical conditions (as defined by federal law, known as "EMTALA") without discrimination regardless of eligibility for financial assistance. It is the policy of Connecticut Children's to provide financial assistance to all eligible patients, who are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for health care services due to limited financial resources. Connecticut Children's Patient Financial Assistance (PFA) consists of Free Bed Funds and Charity Care. Charity Care will be applied when the Free Bed Funds have been exhausted and/or the application does not meet the requirements or restrictions of the Free Bed Funds.

III.Criteria

A.Inclusions:

- 1.This Policy applies to all Connecticut Children's services regardless of the location at which they are provided.

B.Definitions

- 1.Eligibility Criteria: The criteria set forth in this policy (and supported by procedure) to determine whether or not a patient meets the requirements for financial assistance.
- 2.Family Size: The total number of those family members living in the same household, who meet at least one of the following characteristics:
 - a)Parent/Guardian (including step-parent regardless of guardianship status).
 - b)Each child under the age of 19.
 - c)A family member between the ages of 18 and 25, who is enrolled as a full-time college or trade-school student.
 - d)An elderly (over the age of 65) or disabled (as defined by Medicaid or State welfare guidelines) family member, who is not collecting Social Security.
 - e)A family member who falls under plenary guardianship (patients over the age of 17 with a court decree appointing an adult as guardian, regardless of SSI/SSD status).

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- f) A patient's family size will be confirmed by proper identification (as defined in procedure) of all pertinent family members.
3. Federal Poverty Level Guidelines: The federal poverty level guidelines (hereafter, the FPLG) are established by the United States Department of Health and Human Services on an annual basis.
 4. Family Income: A patient's family income will be assessed in accordance with the FPLG. His/her family income cannot exceed 400% of the FPLG in order for the patient to be eligible for charity care. (Procedure will determine income calculations).
 5. Foreign Nationals: Under this policy, a foreign national shall be defined as an individual who is a citizen of any country other than the United States. A person who was born outside the jurisdiction of the United States, is a citizen of a foreign country, and has not become a naturalized U.S. citizen under U.S. law.
 6. Free Bed Funds: Represent the funds or assets donated to Connecticut Children's, Hartford Hospital, or John Dempsey Hospital (the pediatric services of which have been moved to Connecticut Children's) to benefit pediatric patients who meet the applicability restrictions as set forth by the donor. The Nominator is the entity or organization which has been authorized to submit and approve Free Bed Fund expenditures.
 7. Uninsured: A patient, who has no level of insurance or third party coverage, including Medicare, Medicaid, Champus, or any other government or commercial insurance program, to assist in meeting his or her payment obligations for health care services.
 8. Underinsured: Under this policy, an underinsured patient is a patient who has some level of insurance or third party coverage, yet has out-of-pocket health care-related expenditures of more than 10% of their family income. Underinsurance includes, but is not limited to, deductibles, coinsurance, co-payments, exhausted benefits, and lifetime benefit limits.

IV. Procedure

A. Determining Eligibility for Financial Assistance:

1. In determining eligibility for financial assistance, Connecticut Children's may:
 - a) Ask the patient/guarantor to complete an application as well as to supply other financial information (including necessary documentation) to substantiate a determination of financial eligibility. Connecticut Children's will also require the patient/guarantor to complete a separate application if the patient/guarantor shows interest in establishing a payment plan.
 - b) Determine the applicant's status with respect to residency.

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- (1) Connecticut residents can receive up to 6 months of financial assistance (both retrospectively and prospectively) from the date of application. Undocumented aliens can be deemed residents of Connecticut as long as they meet the criteria that defines residency. A resident represents someone who has lived in Connecticut for at least 30 days and has established an address in Connecticut. The patient/guarantor must prove residency as set forth in procedure.
 - (2) U.S. citizens, who are not Connecticut residents, may qualify for specific episodes of care only.
 - (3) Foreign Nationals will only be considered for financial assistance if their cases are considered urgent or emergent, and then only when all other forms of financing have been exhausted (including Medicaid and charitable donations). As with U.S. citizens who are non-Connecticut residents, they may qualify for specific episodes of care only.
- c) Rely on publicly available information and resources to determine the financial resources of the patient/guarantor.
 - d) Pursue alternative sources of payment from public and/or private benefit programs.
 - e) Review the prior payment history of the patient/guarantor, especially regarding, but not limited to, medical bills
 - f) Consider the patient's inclusion in Women, Infants and Children programs; the patient's receipt of state-funded prescription programs, food stamps, subsidized school lunches, or subsidized housing; and/or the patient's participation in other public assistance as presumptive eligibility if and when the patient/guarantor provides insufficient information to determine eligibility through the means set forth in this policy.

B. Basis for Calculating Patient Liability – Financial Assistance Guidelines:

1. Eligibility criteria for financial assistance may include, but is not limited to, such factors as family size, liquid and non-liquid assets, employment status, amount and frequency of healthcare expenses, and other financial resources available to the patient. Connecticut Children's will apply any resulting discounts determined by the protocol noted below to applicable account balances.
2. Given the aforementioned eligibility criteria Connecticut Children's will determine eligibility for financial assistance in accordance with the following guidelines:
 - a) Free Bed Funds - Free Bed Funds may be granted if the patient meets the eligibility restrictions of the fund. Screening of the PFA application for Free Bed Fund applicability will be performed either by a Financial Assistance Coordinator or by the Patient Financial Services Manager of Self Pay. If the

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patient does not meet the eligibility criteria of any Free Bed Fund, the PFA shall be considered for Charity Care

b)Charity Care: Free care or a reduction to patient liability may be granted if the following criteria are met:

- (1)If family income is at or below 250% of the FPLG, the patient may qualify for a 100% discount of charges for health care services.
- (2)If family income is between 250 and 400% of the FPLG, the patient may qualify for health care services to be provided at cost, through the discounting of billed charges by the hospital's most recently reported ratio of cost to charge to the State of Connecticut Office of Health Care Access.
- (3)If the family income is greater than 400% of the FPLG, billed charges will be discounted in accordance with the requirements of IRS Section 501(r) (5); i.e., by using either the best, or an average of the three best, negotiated commercial rates, or the Medicare rate.

C.Method for Applying for Financial Assistance:

- 1.Signage and summary brochures regarding how to apply and who to contact for financial assistance will be available in Connecticut Children's Emergency Department and Connecticut Children's patient registration check in areas. All admission and registration personnel will serve as informational resources to patients regarding this policy. Information about Financial Assistance can also be found on Connecticut Children's Website and the Inpatient "Welcome Guide".
- 2.Upon a request from a patient seeking financial assistance, a Financial Assistance Coordinator will provide the patient with the appropriate application along with a list of required documents. If the patient/guarantor does not provide the relevant information that is necessary to make a financial eligibility determination within thirty (30) calendar days of the financial counselor's written request, Connecticut Children's will then consider the patient's financial assistance application incomplete and, in turn, null and void. Depending on the outcome of the determination, the financial assistance coordinator will mail a letter of denial or approval to the patient within thirty (30) days receipt of a complete application. Given an unfavorable outcome, every applicant has the right to reapply.
- 3.For Connecticut residents, approved applications can cover health care services up to 6 months retrospectively from the date of each application. Although, at the discretion of the Director of Patient Access or designee, the retrospective period for an approved application can extend past 6 months. In respect to prospective coverage of an approved application for financial assistance, the coverage period will not exceed 6 months from the date of application. A patient may reapply at the end of the 6 month period if he/she has either an outstanding balance corresponding to a more recent date of service failing outside the previous

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coverage period or an impending scheduled service falling outside the previous coverage period.

D. Payment Plans:

1. Connecticut Children's is committed to providing the available healthcare, along with convenient billing services, payment options, and financial assistance.
2. Connecticut Children's is a healthcare provider and as such, cannot extend payments over a lengthy period of time. Therefore, we request bills be paid in full within thirty days. If funds are not available to pay in full, the guarantor is responsible to obtain the necessary funds from a different source, such as obtaining a loan through their bank or credit union. We also accept MasterCard, Visa, American Express, and Discover. In the event that the guarantor cannot obtain the necessary funding and/or are unable to use a credit card, payment arrangements will be made as a last resort.
3. Monthly payments are to be established and paid each and every month under the following terms:

Self-Pay Balance	Payment Plan
Under \$100	Payment in full
\$100 to \$349	3-month payment plan: one-third of the balance to be paid each month
\$350 to \$1,199	6-month payment plan: one-sixth of the balance to be paid each month
\$1,200 to \$2,499	12-month payment plan: one-twelfth of the balance to be paid each month
\$2,500 and above	Minimum \$200 to be paid each month.

4. The above payment schedule is the only one available, any extenuating circumstances or any deviation from this plan must have approval from the following:
 - a) Manager or Assistance Manager of Patient Accounts or Manager or Assistance Manager of Patient Access for accounts under \$5,000.
 - b) Director of Patient Financial Services or Director of Patient Access for accounts \$5,000-\$10,000.
 - c) Chief Financial Officer for accounts over \$10,000.

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5. At the discretion of the Director of Patient Financial Services or the Director of Patient Access, an additional prompt pay discount may be granted on outstanding balances if payment in full is made.

6. We accept MasterCard, Visa, American Express, and Discover. For patient convenience, credit card payments are accepted over the telephone at 860.696.6020 or (Toll Free) 888.690.2262 or in Connecticut Children's at our cashier's window located at 2C.

E. Non-payment Actions – Relationship with Billing/Collection Practices:

1. In the event a patient fails to qualify for financial assistance and, in turn, does not pay timely his/her financial liability or in the event a patient does qualify for financial assistance, yet does not pay timely any outstanding discounted patient liability pursuant to this policy, Connecticut Children's reserves the right to begin collection activity, including but not limited to, instituting legal action and reporting such matters to one or more credit reporting agencies.

2. Connecticut Children's also reserves the right not to pursue such measures as those noted above for those patients making good faith efforts to resolve their respective outstanding liability.

F. Regulatory Compliance:

1. Connecticut Children's will comply with all state and federal laws, rules, and regulations applicable to the conduct described in this policy.

V. Related Documents

PFA Application → g:\CCMCDOC\forms\PFA\PFA Application.doc

PFA Determination Worksheet → g:\CCMCDOC\forms\PFA\PFA Determination Worksheet.doc

PFA Approval Letter → g:\CCMCDOC\forms\PFA\Notice of PFA Approval.doc

PFA Denial Letter → g:\CCMCDOC\forms\PFA\Notice of PFA Denial.doc

Hartford Health Care Corporation and Connecticut Children's Medical Center	4.4 Patient Credit and Collection Policy & Procedures		
Patient Financial Services	Section 4: Departmental Policies		1
Approved by:  Niobis Queiro, Vice President Revenue Cycle	Date Issued: 11/24/03	Last Reviewed/Revised Date: 01/20/12	

Purpose: The primary responsibility of Hartford Health Care Corporation and Connecticut Children's Medical Center is to provide the highest quality of medical care to its patients at the lowest cost. In order to meet these requirements, an efficient and equitable system must be established that will maximize the collection of patient accounts receivable balances in order to provide the cash flow required to operate our institutions effectively.

Scope: All PFS Admissions, Billing and Collection areas.

Policy: In accordance with the above, the following Credit and Collection Policy is hereby established for The Hartford Health Care Corporation and Connecticut Children's Medical Center. Detailed procedures and exceptions to this policy will be included in a Credit and Collection Manual.

The Following are Procedures included in this Policy:

- I. Admissions Procedures
- II. Billing Procedures
- III. Collections Procedures

Definitions: Throughout this policy, reference to Patient Financial Services will constitute reference to collection processes for Hartford Health Care Corporation and Connecticut Children's Medical Center.

In this credit policy, the term "Patient" refers to the party responsible for the payment of the hospital bill. Further, the expression, "patient portion" is to include all non-covered Third-Party charges, such as deductibles, co-insurance, outpatient pharmacy charges, etc.

Patient classifications are defined as follows:

- A. Inpatient: Patients requiring inpatient services as deemed necessary by a physician.
- B. Emergency Patient: Patient treated in the emergency department for a condition that requires immediate attention.
- C. Private Referred: A Patient referred to one or more of the hospital's ancillary service areas by either the hospital's medical staff or other private physician.
- D. Clinic Patient: A patient who is registered in one of the hospital's outpatient areas and is treated in one or more of the specialty clinics.

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Sources of Payment	Procedure
<u>A. Patient</u>	The primary responsibility for settlement of the account will rest with the patient. All patients, capable of doing so, will be required to sign an assignment and authorization form for guarantee of payment prior to admission or receipt of outpatient/ancillary services. The patient cannot alter the consent form in any way. In any controversy, default, or misrepresentation the hospital will contact the patient for payment of the bill.
<u>B. Third-Party Coverage</u>	It is the patient's responsibility to provide accurate information regarding health insurance, demographics and applicable financial resources to determine whether the patient is eligible for coverage through an existing private insurance or available public assistance program. Patient Financial Services will extend credit on Third-Party benefits assigned to the hospital upon proper validation of coverage. Hartford Healthcare System and Connecticut Children's Medical Center have contractual agreements with private insurance companies. For insurance companies that contract exist, patient is only liable to pay for non-covered services and out of pocket expenses (e.g. co-insurance and deductible). Patient Financial Services will cooperate with all Third-Party payers to the fullest extent in order to facilitate the collection of patient bills.

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<u>C. Patient Balance (Self-Pay accounts and/or residual balances after Third-Party payments)</u>	<p>Acceptable forms of payment are:</p> <ol style="list-style-type: none"> 1. Cash or money orders. 2. Personal or travelers checks with proof of identity. 3. Credit cards – MasterCard, Visa, American Express and Discover Card. <p>*Patient's are given the opportunity to pay their respective bill (s) at the time of service, by mail, by telephone or online at www.harthosp.org/paybill.</p>
<u>D. Payment of Uninsured Hospital Charges</u>	<p>Patient Financial Services will require or request payment for the difference between the estimated patient bill and the total available Third-Party coverage. For any non-emergency services, the hospital will make every reasonable attempt to obtain payment from the patient for the patient portion of the bill, after estimated coverage. All past due accounts would also be required to be paid prior to the current non-emergent admission.</p> <p>The following procedures will require payment in full prior to services being rendered.</p> <ul style="list-style-type: none"> • Pregnancy Termination • Paternity Testing • Dentures • Cosmetic Surgery
<u>E. Financial Assistance</u> <u>*Does not apply to</u> <u>CONNECTICUT CHILDREN'S</u> <u>MEDICAL CENTER.</u>	<p>Hartford Health Care Corporation recognizes its responsibility to those patients unable to pay for services rendered.</p> <ol style="list-style-type: none"> 1. Various Hospital Free Bed Funds are available to meet this recognized need. They may be granted as a last resort after all other available Third-Party resources have been exhausted. Patients are required to apply for Title XIX prior to consideration for Free Bed Funds. 2. Financial Assistance (FA) is also available to patients on an as needed basis. A notice of FA availability is included in the Patient Statement. Patients must submit all necessary information and must meet the criteria as outlined in the FA Policy and Procedure. Exceptions may be made with the approval of Systems Director, PFS.

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	<p>3. Self-Pay Discounts-see III Collection Procedures (page 5)</p> <p>4. Management approval of these funds are required as follows:</p> <ul style="list-style-type: none"> • Under \$10,000 – Self Pay Supervisor • \$10,000 to \$49,999– Self Pay Manager • \$50,000 to \$150,000– System Director PFS • Over \$150,000 – Vice President Revenue Cycle • Approval/denial letters are mailed to patients upon a decision is made following the review of the submitted information.
<u>F. Patient Inquires</u>	Patient inquiries related to the Credit and Collection Policies must be directed to the Self Pay Manager or System Director PFS

PROCEDURES:

I. Admissions Procedures:

Admission Type	Procedure
A. Pre-Admissions	Facilities will Pre-Admit patients whenever possible. The payment sources chosen for settlement of a patient's account will be verified prior to admission (i.e., verifying coverage thru available on-line products, confirmation directly with the payer, employer, or validation (photocopy) of appropriate insurance data). In addition, the provisions of Section III-D above must be satisfied. *
B. Elective Admissions	<p>Elective admission referrals must be received in the Pre-Admitting office at least one day after booking the reservation in the Admitting Office or by Service Access.</p> <p>All elective admissions are subject to the payment of uninsured Hospital charges as established in Section III-D above.*</p>

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C. Emergency Admission	Facilities will admit all emergency cases irrespective of the financial condition of the patient. The admitting physician must certify as to the <u>emergency</u> status when requesting the admission.*
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***All Inpatients and Outpatients/Emergency Department patients presenting as Self-Pay are assigned to our on-site Medicaid vendor, Cardon to complete an application for both Medicaid and Financial Assistance. Accounts determined as Medicaid eligible are billed accordingly. If rejected, the appropriate Financial Assistance discount is applied and/or the account is assigned to Self-Pay.**

II. Billing Procedures:

All patient/guarantors will receive a series of statements when there is no Third-Party coverage.

- A. Patients that have Third Party Coverage, Medicare and Medicaid will not receive a patient statement until payment or rejection has been received from the insurance carrier(s) on the account.
- B. Once self-pay status is determined, financial counselors are available to assist with Title XIX applications.
- C. Bills are produced or available for production five days after discharge. The billing process will begin as soon as the bills are available. Detail bills are available upon request.
- D. Accounts pending coverage determination will be treated as if no coverage is available and as a self-pay account.
- E. Patient statements are generated per the following cycle:
 - 1) Initial Statement
 - 2) Second Statement
 - 3) Third Statement
 - 4) Payment plans are billed on a monthly basis. If a patient misses 2 payments they will be charged a \$15.00 service fee.

III. Collection Procedures:

Self Pay patients are evaluated for Medicaid eligibility, Financial Assistance, free bed funds and other programs available to the uninsured patient population. Patients who do not qualify for any programs will be registered as a self pay patient.

Patient's that have no insurance coverage AND do not qualify for Financial Assistance may be entitled to a self pay discount based upon the policy of the covered Entity.

Hartford Healthcare System offers a self pay discount to uninsured patients that receive medically necessary services. The self pay discount is set annually by Finance. The self pay discount is applied at the time the account qualifies to bill.

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Connecticut Children's Medical Center does not offer a self pay discount to their patients.

In the event the patient cannot obtain necessary funding and/or use a credit card, payment arrangements can be established for the patient. All Payment Plans are established through our outsource vendor. Patients should be put in contact with Via Health at 800-xxx-xxxx.

Via Health will review all outstanding balances the patient has and establish a payment plan encompassing all open balances for the patient.

Payment plans are established as follows:

- 1) **Standard monthly payment of 4% of the starting balance**
- 2) **Absolute minimum monthly payment (based on need) of 2% of the starting balance**
- 3) **No plan is to be set up with a minimum monthly payment of \$25 or less**

Patient statements are system generated according to the schedules outlined in Section II A, B and C. Accounts will be transferred to the appropriate financial class whenever payments or rejections are received from Third-Party Payers.

It is Hartford Healthcare policy that no patient account will be transferred to an outside collection vendor as Bad-Debt without first being screened through Search America for determination of Full, Partial or Denied Financial Assistance

A. Self Pay-Financial Class P, Q and R- A/R & Daily Outpatient Accounts

All self pay accounts, financial classes P, Q, and R are placed with VIA Health who will pursue self pay collections and manage all self pay accounts assigned for a period of 120 days.

In the event of returned mail the Self Pay Team will search for current address, review for potential financial assistance or refer for bad debt collections, Upon return from VIA Health (at 120 days), accounts will be transferred to the respective primary bad debt agencies. Using a straight alpha split, accounts are assigned as follows:

A-L EOS CCA

M-Z RCS (Revenue Cycle Solutions, Inc.)

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Primary agencies will pursue collections and manage all accounts assigned for a period of 180 days. All accounts returned are then placed with the secondary agency, MAF Collection Services.

B. Medicaid

During the Pre-Admission and/or hospitalization, our onsite vendor Cardon will explain the Medicaid application procedure, aid the patient in completing the application and provide assistance to the patient in obtaining eligibility.

VI. General Policies:

- A. General policies have been established to control the activities in the collection cycle.
- B. A timely filing period of 10 months from the last date of activity on the account (insurance denial/collection effort) will be followed for the billing to Patients.
 - Once this limit is met, the patient balance will be written-off to service code 906347 "Special Purpose, Not RR". Or 906289 "special Purpose, Old RR"
 - Any exceptions to this policy must be approved by the Hospital's CFO.
- C. Patient Accounts will not Balance bill the parent of a baby born within our facilities who expires within the first 24 hours after delivery.
 - The Insurance is to be billed.
 - Co-Pay's and/or Deductible's will be written off to Charity Care by the Self Pay Team and deemed a "Hardship" presumptive eligibility situation for purposes of the Hospital's Charity Program.
- D. Patient Account Management and the Vice Presidents of Finance will review monthly write offs. The purpose of this review will be to identify the sources of bad debts and administrative write offs to propose solutions.

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Reviewed By: Niobis Queiro, Corporate Director Revenue Cycle
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