

**Hartford Healthcare  
Financial Assistance Policy**

**Update Date: 12/16/2010**

**Purpose:** The purpose of this Policy is to set forth the policy of Hartford Healthcare Corporation (sometimes referred to as the “System”) governing the provision of free or discounted Health Care Services to patients who meet the System’s criteria for Financial Assistance. Specifically, this Policy will describe: (i) the eligibility criteria for Financial Assistance, and whether such assistance includes free or discounted care; (ii) the basis for calculating amounts charged to patients; (iii) the method for applying for Financial Assistance from the System’s Hospitals; (iv) the actions the System may take in the event of non-payment, including collections action and reporting to credit agencies for patients that qualify for Financial Assistance; and (v) the System measures to widely publicize this Policy within the community served by Hartford Healthcare.

**Scope:** This Policy applies to all Hartford Health facilities Health Care Services regardless of the location at which they are being provided by the System.

**Definitions:**

“*Charges*” means for a Health Care Service for a patient who is either Uninsured or Underinsured and who is eligible for Financial Assistance, the average of the System’s facility three best negotiated commercial payor rates for the Health Care Services.

“*Eligibility Criteria*” means the criteria set forth in this Policy to determine whether a patient qualifies for Financial Assistance for the Health Care Services provided by the System’s facility.

“*EMTALA*” means the Emergency Medical Treatment and Labor Act, 42 USC 1395dd, as amended from time to time.

“*Family*” means pursuant to the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, civil union or adoption. For purposes of this Policy, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

“*Family Income*” means the following income when calculating Federal Poverty Level Guidelines of liquid assets: earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources of income. If a person lives with a Family, Family Income includes the income of all Family members.

*“Federal Poverty Level Guidelines”* means the federal poverty level guidelines established by the United States Department of Health and Human Services.

*“Financial Assistance”* means free or discounted Health Care Services provided to persons who, pursuant to the Eligibility Criteria, the Hospital has determined to be unable to pay for all or a portion of the Health Care Services.

*“Free Bed Funds”* means any gift of money, stock, bonds, financial instruments or other property made by any donor to Hartford Healthcare facilities for the purpose of establishing a fund to provide medical care to an inpatient or outpatient of Hartford Healthcare.

*“Health Care Services”* means Hartford Healthcare facilities (i) emergency medical services as defined by EMTALA; (ii) services for a condition which, if not promptly treated, will result in adverse change in the health status of the individual; (iii) non-elective services provided in response to life-threatening circumstances in a non-emergency department setting; and (iv) medically necessary services as determined by the System facility on a case-by-case basis at the facility’s discretion.

*“Medically Indigent”* means persons whom the System facility has determined to be unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their Family Income or Family assets even though they have income or assets that otherwise exceed the generally applicable Eligibility Criteria for free or discounted care under the Policy.

*“Uninsured”* means a patient who has no level of insurance or third party assistance to assist in meeting his or her payment obligations for Health Care Services and is not covered by Medicare, Medicaid or Champus or any other health insurance program of any nation, state, territory or commonwealth, or under any other governmental or privately sponsored health or accident insurance or benefit program including, but not limited to workers’ compensation and awards, settlements or judgments arising from claims, suits or proceedings involving motor vehicle accidents or alleged negligence.

*“Underinsured”* means the patient has some level of insurance or third-party assistance but still has out-of-pocket expenses such as high deductible plans that exceed his or her level of financial resources.

**Policy:** It is Hartford Healthcare’s policy to provide Financial Assistance to all eligible individuals who are Uninsured, Underinsured, ineligible for a government program, or otherwise unable to pay for Health Care Services due to their limited financial resources. It is also the System’s policy to provide without discrimination care for emergency medical conditions (as defined by EMTALA) to individuals regardless of their eligibility for Financial Assistance under this Policy or for government assistance.

## **I. Determining Eligibility.**

In determining eligibility for Financial Assistance, it is important that both the System facility and the patient work collaboratively. Specifically, the System facilities

will do its best to apply the Eligibility Criteria in a flexible and reasonable manner and the patient will do its best in responding to Hartford Healthcare requests for information in a timely manner.

**1. Eligibility for Financial Assistance.** Individuals who are Uninsured, Underinsured, ineligible for any government health care benefit program and unable to pay for their Health Care Services may be eligible for Financial Assistance pursuant to this Policy. The granting of Financial Assistance shall be based upon an individualized determination of financial need, and shall not take into account age, gender, race, color, national origin, marital status, social or immigrant status, sexual orientation or religious affiliation.

**2. Process for Determining Eligibility for Financial Assistance.** In connection with determining eligibility for Financial Assistance, the System (i) will require that the patient complete an application for Financial Assistance along with providing other financial information and documentation relevant to making a determination of financial eligibility; (ii) may rely upon publicly available information and resources to determine the financial resources of the patient or a potential guarantor; (iii) may pursue alternative sources of payment from public and private payment benefit programs; (iv) may review the patient's prior payment history; and (v) may consider the patient's receipt of state-funded prescription programs, participation in Women, Infants and Children programs, food stamps, subsidized school lunches, subsidized housing, or other public assistance as presumptive eligibility when there is insufficient information provided by the patient to determine eligibility.

**3. Processing Requests.** Hartford Healthcare will use its best efforts to facilitate the determination process prior to rendering services so long as the determination process does not interfere with the provision of emergency medical services as defined under federal law. However, eligibility determinations can be made at any time during the revenue cycle. During the eligibility determination process, the System facilities will at all times treat the patient or their authorized representative with dignity and respect and in accordance with all state and federal laws.

**4. Financial Assistance Guidelines.** Eligibility criteria for Financial Assistance may include, but is not limited to, such factors as Family size, liquid and non-liquid assets, employment status, financial obligations, amount and frequency of healthcare expense (i.e. Medically Indigent) and other financial resources available to the patient. Family size is determined based upon the number of dependents living in the household. In particular, eligibility for Financial Assistance will be determined in accordance with the following guidelines:

**(a) Uninsured Patients:**

- (i) If Family income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the System facility's Charges for Health Care Services;

- (ii) If Family income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 50% discount against the System facility's Charges for Health Care Services;
- (iii) Patients may also qualify for Free Bed Funds in accordance with the Hartford Healthcare Free Bed Funds Policy; and
- (iv) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

**(b) *Underinsured Patients:***

- (i) Payment plans will be extended for any patient liability (including without limitation to amounts due under high deductible plans) identified in a manner consistent with the System's Payment Plan Policy;
- (ii) If Family Income is at or below 250% of the Federal Poverty Level Guidelines, the patient may qualify for up to a 100% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (iii) If Family Income is between 250% and 400% of the Federal Poverty Level Guidelines, the patient may qualify for up to 50% discount against the lesser of (a) the account balance after insurance payments from third-party payors are applied; or (b) the Charges for the Health Care Services;
- (v) Patients may also qualify for Free Bed Funds in accordance with Hartford Healthcare Free Bed Funds Policy; and
- (vi) Patients may have presumptive eligibility if they are homeless and have no assets or qualify for other means-tested government programs.

- (c) ***Medically Indigent:*** Patients will be required to submit a Financial Assistance application along with other supporting documentation, such as medical bills, drug and medical device bills and other evidence relating to high-dollar medical liabilities, so that the Hartford Healthcare System Hardship Committee can determine whether the patient qualifies for Financial Assistance due to the patient's medical expenses and liabilities.

**II. Method for Applying for Financial Assistance.** Patients may ask any nurse, physician, chaplain, or staff member from Patient Registration, Patient Accounts, Office of Professional Services, Case Coordination, or Social Services about initiating the Financial Assistance application process. Information about applying for Financial Assistance is

also available online at [www.hartfordhealthcare.org](http://www.hartfordhealthcare.org). Signage and written information regarding how to apply for Financial Assistance will be available in Hartford Healthcare facilities' emergency service and patient registration areas. Once a patient or his or her legal representative requests information about Financial Assistance, a Financial Counselor will provide the patient or his or her legal representative with the Financial Assistance application along with a list of the required documents that must be provided to process the application. If the patient or his or her legal representative does not provide the necessary documentation and information required to make a Financial Eligibility determination within fourteen (14) calendar days of the Hartford Healthcare facility's request, the Financial Assistance application will be deemed incomplete and rendered void. However, if an application is deemed complete by the System facility, the System facility will provide to the patient or his or her legal representative a written determination of financial eligibility within five (5) business days. Decisions by the System facilities that the patient does not qualify for Financial Assistance may be appealed by the patient or his or her legal representative within fourteen (14) calendar days of the determination. If the patient or his or her legal representative appeals the determination, the Director of Patient Access will review the determination along with any new information and render a final decision within five (5) business days.

**III. Relationship to Hartford Healthcare Collection Practices.** In the event a patient fails to qualify for Financial Assistance or fails to pay their portion of discounted Charges pursuant to this Policy, and the patient does not pay timely their obligations to Hartford Healthcare, the System reserves the right to institute and pursue collection actions and to pursue any remedies available at law or in equity, including but not limited to, imposing wage garnishments or filing and foreclosing on liens on primary residences or other assets, instituting and prosecuting legal actions and reporting the matter to one or more credit rating agencies. For those patients who qualify for Financial Assistance and who, in the System's sole determination, are cooperating in good faith to resolve the System's outstanding accounts, the System facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

**IV. Publication and Education.** Hartford Healthcare facilities will disseminate information about its Financial Assistance Policy as follows: (i) provide signage regarding this Policy and written summary information describing the Policy along with financial assistance contact information in the Emergency Department, Labor and Delivery areas and all other System patient registration areas; (ii) directly provide to each patient written summary information describing the Policy along with financial assistance contact information in all admission, patient registration, discharge, billing and collection written communications; (iii) post the Policy on the System's web site with clear linkage to the Policy on the System's home page; (iv) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (v) include the tag line "Please ask about our Financial Assistance Policy" in all Hartford Healthcare written advertisements.

**V. Relation to Free Bed Funds.** If a patient applies for Financial Assistance, Hartford Healthcare facilities will determine his or her eligibility for Financial Assistance and or Free Bed Funds.

**VI. Regulatory Compliance.** The System will comply with all state and federal laws, rules and regulations applicable to the conduct described in this Policy.

**Reviewed By:** Niobus Queiro, Revenue Cycle Director, Hartford Healthcare Corporation  
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Becky Peters, PAS Director, Hartford Hospital  
Joan Feldman, Legal Counsel to Hartford Healthcare Corporation

**Approved By:** \_\_\_\_\_ **Thomas Marchozzi, EVP & CFO Hartford Healthcare Corp.**

**Date:** \_\_\_\_\_ **October 1, 2010** \_\_\_\_\_

**Issued Date: 08/16/2010**

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Patient Financial Services	Section 4: Departmental Policies		1
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**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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<b>Sources of Payment</b>	<b>Procedure</b>
<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"> <li>1. Cash or money orders.</li> <li>2. Personal or travelers checks with proof of identity.</li> <li>3. Credit cards – MasterCard, Visa, American Express and Discover Card.</li> </ol> <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 <a href="http://www.harthosp.org/paybill">www.harthosp.org/paybill</a>.</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"> <li>• Pregnancy Termination</li> <li>• Paternity Testing</li> <li>• Dentures</li> <li>• Cosmetic Surgery</li> </ul>
<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"> <li>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.</li> <li>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.</li> </ol>

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

<b>Admission Type</b>	<b>Procedure</b>
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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