



RESOLUTION NO. 5-3-22-4

Bath Township, Allen County, Ohio

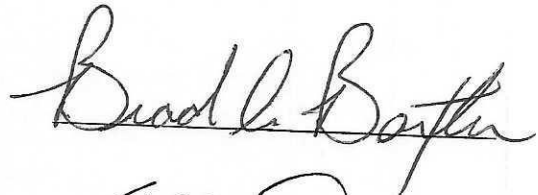
Be it Resolved by the Board of Trustees of Bath Township that

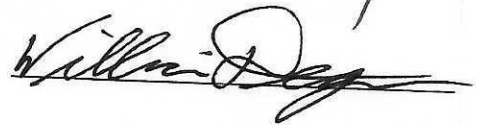
**By Resolution, the Board of Trustees of Bath Township, Allen County, Ohio
Approving the Bath Township Fire Department EMS Billing Hardship Policy
and setting an effective date of May 3, 2022.**

Adopted this 3rd day May 2022

Attest:


Fiscal Officer







Township Trustees



RESOLUTION NO. 5-3-22-6

Bath Township, Allen County, Ohio

Be it Resolved by the Board of Trustees of Bath Township that

By Resolution, the Board of Trustees of Bath Township, Allen County, Ohio

Approving the following policy for non-residents of Bath Township: EMS patients who have been treated and transported by Bath Township EMS will receive three written notices at 30, 60, and 90 days notifying them of their unpaid balance, followed by a phone call from our third-party billing agent to discuss payment methods, hardship, or other related matters. For patients unable to pay their bill for EMS services: no legal action will be taken, no credit bureau reporting, or wage garnishments are authorized. Bath Township residents will not receive a bill for service as the township will accept what their insurance pays as payment in full.

Adopted this 3rd day May 2022

Attest:

Lisa Cagley
Fiscal Officer

David A. Bayler

William Degen

Michael D. Mack

Township Trustees

Bath Township EMS Billing Hardship Policy

Policy Effective Date: May 3, 2022

Purpose:

This policy is intended to establish criteria to determine the appropriateness of waiving or lowering co-pays, co-insurance, and/or deductible amounts and to assure that any such waivers or reduced payments that may occur are authorized by this policy.

Policy:

Our practice will not waive or discount out-of-pocket amounts, and/or deductibles and/or co-insurance unless authorized by this policy.

Guidelines:

1. Waiver Policy

It is the policy of this practice to bill all applicable out-of-pocket amounts and to make reasonable efforts to collect such amounts in accordance with our collection practices and procedures. However, if we determine that the patient's financial situation meets the criteria in this policy and that a patient is financially unable to pay any out-of-pocket amounts, our practice may waive or lower such amounts.

2. Other Policies

Under no circumstance will our practice engage in any of the following practices with respect to the waiver or lowering of co-insurance and/or deductibles:

- a. Waive or lower co-insurance and deductibles that do not meet the requirements outlined in our policy.
- b. Advertise, or in any way communicate to the general public that payments from private insurance, Medicare or Medicaid will be accepted as payment in full for health care services provided by our practice, or advertise or otherwise communicate to our patients or to the general public that patients will incur no out-of-pocket expenses.
- c. Routinely use financial hardship forms which state that the patient is unable to pay co-insurance and deductible amounts.
- d. Charge Medicare beneficiaries or private insurance beneficiary's different amounts than those charged to other persons for similar services.
- e. Fail to collect co-insurance and deductibles from a specific group of patients for reasons unrelated to indigence or managed care contracting, (to obtain referrals or to induce patients to seek care in my practice vs. another provider's practice who does not waive co-pays and/or deductibles).
- f. Accept "insurance only" or TWIP (take what insurance pays) as payment in full for services.

- g. Fail to make a reasonable collection effort to collect a patient's balance.

3. Determinations of Financial Need

- a. Decisions to waive or reduce any co-insurance and/or deductible amounts owed by a patient will be made on a case-by-case basis. To ensure that decisions to waive or reduce co-insurance and/or deductible amounts are documented and based upon uniform objective criteria, each patient who desires a waiver or reduction of any co-insurance and/or deductible amount must complete the attached confidential Financial Worksheet and submit the completed worksheet together with a copy of the responsible party's most recent W2 form or most recent federal tax return. The information on this worksheet will be compared to our policies to determine eligibility for waivers or lower payments.
 - b. Decisions to waive or lower co-insurance and/or deductible amounts are based upon financial information supplied by the patient in the Financial Worksheet and the W2 and/or federal return.
 - c. Our practice reserves the right to modify the criteria considered for a waiver or payment reduction without notice.
 - d. Our practice reserves the right to decline to grant waivers or payment reductions to patients without explanation.
4. Criteria considered to determine financial hardship
- a. Patient's or family's income in relationship to 200% of the National Poverty Level
 - i. 100% waiver of all deductibles and co-pays if family income is equal to or less than 200% of the National Poverty level.
 - b. Patient's or family's discretionary income (total monthly income less total monthly expenses)
 - i. Payment plans will be established for patients whose discretionary income meets the following schedule:

Monthly Discretionary Income

\$0-\$350

\$351-\$450

\$451-\$500

Monthly Payment Plan

\$25.00

\$35.00

\$50.00