

**REHABILITATION INSTITUTE OF CHICAGO
d/b/a SHIRLEY RYAN ABILITYLAB
ADMINISTRATIVE POLICY**

	SUBJECT: FISCAL SERVICES	NUMBER: 310.007.3
	TITLE: FAIR PATIENT BILLING	DATE: 09/01/2017
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The Rehabilitation Institute of Chicago d/b/a Shirley Ryan AbilityLab (“SRALab”) is committed to complying with all aspects federal and Illinois law regarding patient billing and collections. Furthermore, SRALab provides financial assistance to its patients in accordance with SRALab’s Charity Care Financial Assistance Policy (“Financial Assistance Policy”), and ensures its external billing and collection companies comply with its guidelines.

I. PATIENT NOTIFICATION REGARDING FINANCIAL ASSISTANCE AND OUT-OF-NETWORK PROVIDERS

SRALab provides notification regarding the availability of financial assistance in various ways, including but not limited to the following:

- A. Assuring that each registration/admission location contains signage (in English and other predominant languages of the SRALab patient population) notifying patients that financial assistance is available to eligible individuals;
- B. Posting information regarding SRALab’s Financial Assistance Program on its website (www.sralab.org/charity-care-financial-assistance);
- C. Making copies of the Financial Assistance Policy, the Plain Language Summary of the Policy (“Summary”) and the Financial Assistance Application available in each SRALab registration/admission location;
- D. Offering the Summary as part of patient intake; and
- E. Providing information regarding Financial Assistance on billing statements, as described below in Section II.A.

SRALab provides notification regarding Out-of-Network Providers to patients, including that:

- A. They may receive separate bills for services provided by health care professionals (e.g., physicians, radiologists) affiliated with SRALab;
- B. Some of these health professionals may not participate in the same insurance plans as SRALab;
- C. The patient may have greater out-of-pocket expenses for such out-of-network providers; and
- D. Patient questions regarding coverage or benefit levels should be directed to the patient’s health care plan.

II. BILLING INFORMATION AND INQUIRIES

- A. *Bill contents.* Each bill generated for SRALab services will contain the following:
 - 1. Date(s) of service(s) and brief description of service(s);
 - 2. Amount owed for hospital service(s);
 - 3. SRALab contact for billing inquiries;
 - 4. A notice that itemized bills are available upon patient request; and
 - 5. A statement regarding the availability of financial assistance, a SRALab phone number for information on the Financial Assistance Policy and Application, and the website where copies of Financial Assistance Policy, Summary, and Application are available.

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B. *Billing Inquiries.* All billing inquiries should be directed to the Patient Financial Services department at 312-238-6039. SRALab will respond to telephone billing inquiries within two (2) business days and respond to written billing inquiries within ten (10) business days from receipt of the correspondence.

III. COLLECTIONS

A. *Patient Responsibilities.* In order to determine a patient's eligibility for financial assistance and payment options, it is the patient's responsibility to cooperate with SRALab by providing timely and complete financial information and documentation necessary to determine their eligibility. SRALab will accept a Financial Assistance Application for at least two hundred forty (240) days from the date of the patient's first post-discharge billing statement. If SRALab determines that the patient's application is incomplete, the patient and/or legally authorized representative must provide the requested additional information to SRALab within thirty (30) days of SRALab's request. It is also the patient's and/or their legally authorized representative's responsibility to communicate any change in financial situation within thirty (30) days of such change.

B. *Collection Activities.* SRALab will send bills to and may call the patient/guarantor regarding any balance owed to SRALab. Subject to Paragraph III.C below, and depending on the circumstances, SRALab may also engage in the following collection activities:

1. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus;
2. Deferring, denying, or requiring advance payment for subsequent medically necessary care.

C. *Collection Process.*

1. SRALab may initiate a collection activity listed in B.1-2 with respect for balances for medically necessary services only after the following:
 - a. At least one hundred twenty (120) days have passed since the patient's first post-discharge billing statement.
 - b. The patient and/or their legally authorized representative has had the opportunity to:
 - i. Assess the accuracy of the bill;
 - ii. Apply for financial assistance; and
 - iii. Arrange a payment plan for the amount personally owed by the patient.
 - c. SRALab has offered a payment plan that takes into account the patient's financial status, the amount owed, and any prior payments, and has given the patient thirty (30) days to agree to the payment plan;
 - d. If a payment plan was agreed to, the patient has failed to make payments in accordance with the plan;
 - e. If applicable, patient's application for Medicaid or other government health care program has been denied; and

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- f. The patient has been provided with a pre-collection notification at least thirty (30) days before the activity is initiated. The written notification will:
 - i. Explain that financial assistance is available to eligible patients and enclose a copy of the Summary;
 - ii. Identify the collection action SRALab intends to initiate; and
 - iii. State a deadline after which the collection activity may be initiated.

SRALab will also make a reasonable effort to orally notify the patient about the availability of financial assistance.

- 2. Upon receipt of a Financial Assistance Application, SRALab will suspend any ongoing collection activity listed in III.B.1-2 until it makes a determination as to whether the patient/guarantor is eligible for financial assistance and notifies the applicant in writing regarding the determination and its basis.
 - a. If the patient/guarantor is eligible for financial assistance, SRALab will:
 - i. Provide the individual with a billing statement that indicates (a) the amount owed (if eligible for less than a 100% discount), (b) how the amount was determined, (c) how the patient/guarantor can get more information on amounts generally billed for the care;
 - ii. Refund any amount the patient/guarantor has paid that exceeds the amount he/she is personally responsible for; and
 - iii. Take all reasonable measures to reverse any collection actions that were taken.
 - b. If SRALab receives an incomplete application, SRALab will give the applicant at least thirty (30) days to submit the additional necessary information or documentation before resuming any collection activity.
- 3. SRALab will ensure that its external billing and collection companies comply with SRALab's collection guidelines.

D. Collection Activity Approval. The Executive Director of Revenue Cycle/designee will determine if the statutory conditions for pursuing collection have been met and provide written approval before a collection action listed in Section III. B.1-2 is initiated.

Previous Effective Date: 08/31/2016

Executive Vice President and
Chief Financial Officer