

PATIENT FINANCIAL LIABILITY

Upon admission to our hospital, insurance benefits will be verified based on the information that is provided by the patient and/or guarantor. We request that all insurance information be provided to College Hospital to ensure proper billing. Patient liability is determined by your insurance company. We encourage all patients and/or guarantors to contact their individual insurance plans. Once the insurance verification of benefits is completed the Patient Accounting Department can quote an estimated amount due prior to discharge. Deductible and Coinsurance amounts due will be based on the benefits quoted.

If insurance benefits are determined to be terminated, you will be notified of your financial responsibility and a deposit will be requested based on your estimated length of stay. If no insurance benefits are available, the discounted private pay rates are as follows:

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|--------------------------|------------------|
| Inpatient: | \$985.00 per day |
| Partial Hospitalization: | \$240.00 per day |
| Detox: | \$850.00 per day |
| ECT: | \$950.00 per ECT |

Shoppable services may be viewed on our website www.chc.la

NOTIFICATION OF PATIENT LIABILITY

Patients with no insurance coverage may apply for Medi-Cal Presumptive Eligibility. You are encouraged to inquire with your admitting representative and/or social worker regarding the application process.

To request a quote of the estimated amount due, prior to discharge, please contact the Patient Financial Representative at (562) 904-3998.

Once payment is received by your insurance company, and an amount is determined to be your patient liability, you will be notified by mail and/or telephone.

We strongly encourage our patients to verify that their address and telephone number on file are accurate.

OPTIONS FOR PAYMENT

It is the policy of College Hospital to collect payment in full for your patient liability; however, we understand that some patients and/or guarantors may not be able to pay the amount in full at the time of admission. As such, interest free payments may be made over time, not to exceed a twelve (12) month period. If a

Financial Agreement is not established prior to discharge with your Patient Admitting Representative, your account will be processed per our collection procedures.

Collection procedures at College Hospital include, but are not limited to, two (2) letters, monthly statements, and collection phone calls. If no contact is made with your Patient Financial Representative the account will be forwarded to our collection agency, California Business Bureau Inc.

College Hospital provides a quick pay discount. If payment in full is received, we will administratively discount your account by 10%. Please notify your Patient Financial Representative of your intent to make payment in full at **(562) 904-3998**.

College Hospital also provides our patients the option to qualify for Charity Care. The Charity Care qualifications are based on the Federal Poverty Level guidelines and are contingent upon the completion of the required documentation. You may view our Charity Care policy and application, at our website www.chc.la

College Hospital encourages patients and/or guarantors to contact your Patient Financial Representative at **(562) 904-3998** for any questions or concerns.