



Department: Patient Business Services
Policy Name: Self-Pay Billing and Collection for CBH
Policy Number: 107
Department Manager/Director: PBS Manager
Hospital Administration: 07/24/25

**TITLE: Self-Pay Billing & Collection for Motion Picture and Television Fund (MPTF)
Samuel Goldwyn, Jr. Center for Behavioral Health (CBH) Patients**

PURPOSE:

To establish guidelines for billing and collection of self-pay account receivables, and to ensure that all collection efforts are reasonable, fair and compliant with California Health and Safety Code requirements.

SCOPE:

This policy applies exclusively to **Motion Picture and Television (MPTF) Samuel Goldwyn, Jr. Center for Behavioral Health (CBH)** hospital. CBH is a 12-bed acute inpatient psychiatric facility serving **geriatric patients aged 55 and older**. It does **not** provide emergency room services, outpatient services or other acute medical care. It serves both the **general community** as well as **members of the entertainment industry**. This policy does **not** apply to services provided by physicians or other providers whose charges are **not included** in the hospital's bill.

DEFINITIONS:

Self- Pay Balance: Any balance due where the financially responsible party is the patient or patient's guarantor. Typically, a self-pay balance occurs when patient accounts are converted to self-pay either upon payment or denial by the insurance company. A true self-paying patient is one who does not have health insurance.

Guarantor: The person who is financially responsible for the patient's bill. This may be the patient or another designated individual.

Patient Statement: A bill for services rendered.

Bad Debt: Any bill submitted for payment which is not paid in full, and unlikely to be paid for various reasons after all reasonable efforts to collect have been exhausted.

Financial Assistance: Also known as hospital "Charity Care" and "Discounted Care". The MPTF CBH Financial Assistance Program offers free medical care to financially qualified patients whose family income falls between 0% and 400% of the Federal Poverty Guidelines (FPG).

POLICY:

Payment on accounts will be pursued consistently. Every patient/guarantor will be given reasonable time to respond to notices of outstanding financial obligations. It is the guarantor's responsibility to understand their specific benefit plan for their insurance coverage.

PROCEDURE:

Prior to Guarantor receiving a patient statement, MPTF will apply patient insurances benefits and contractual allowances to the account.

Guarantor will receive a minimum of 4 billing statements after the date of discharge in monthly billing cycles. The statements will communicate account status and a brief notice regarding the availability of financial assistance and the phone number to call.

Patient Business Services (PBS) department is prohibited from performing any extraordinary collection activities. During the 120 days following the first billing cycle the only collection activities performed include the generation of billing statements, follow-up phone calls, and outstanding balance notices. Communications will offer information regarding the Hospital Financial Assistance Policy (FAP).

Patient Business Services (PBS) Representative may attempt to contact the patient/guarantor (via telephone, mail, or outstanding balance notices) during the statement billing cycle to pursue collections. Collection efforts are documented on the patient's account.

If statements are returned due to an incorrect or bad address, attempts will be made to obtain the correct address. If attempts fail, the account will be transferred to in-house bad debt status.

PBS Manager may transfer an account to in-house bad debt status at any time during the billing statement process based on patient's refusal to pay, patient defaults on a payment plan, or bad debt history.

At any time during reasonable collection efforts, if it is determined that the patient/guarantor cannot afford to pay for the outstanding balance, or make payments, a financial assistance application is offered, and charity care is considered. Any financial documentation collected, such as income tax returns, paystubs, or other proof of income for the purpose of determining eligibility cannot be used for collection activities. Financial assistance- charity care and discounted care- will be considered as outlined in the Hospital Financial Assistance Policy for Patients #106.

After the final statement (120+ days of non-payment), and once all reasonable efforts to collect have been exhausted, patient accounts will be reviewed for bad debt status by the Patient Business Services Manager and the Chief Financial Officer. Accounts are handled internally and are not referred to outside collection agencies.