

AVITA HEALTH SYSTEM – COLLECTION POLICY

PLAIN LANGUAGE STATEMENT

Avita Health System – Galion, Bucyrus, and Ontario Hospitals and our Avita physicians are dedicated to providing the highest quality and most cost effective care. All patients shall be admitted to the hospital for urgent and emergent care without discrimination based on race, color, creed, national origin, sex, age, disability, sexual orientation, or ability to pay.

INSURED, UNINSURED, ALL PATIENTS

Our Avita team will bill your insurance carrier based on information given during the scheduling and registration process. If your claim is not paid, you should contact your insurance company to resolve any issues; our customer service team and Patient Billing Advocates are available to answer any questions you may have or assist you in contacting your insurance company.

Patients (insured and uninsured) will be billed directly and timely, receiving a series of communications from Avita Health System. If reasonable attempts to resolve a past due patient balance using these methods are not successful within 120 days, the account will be referred to an outside collections agency. Patient statements and letters include a financial assistance application along with phone numbers and our www.avitahealth.org website for further assistance or information.

You will receive a series of communications, which may include statements, letters or phone calls, from Avita Health System concerning your patient responsibility amount. Please see below for payment options and available assistance programs.

Avita offers a 15% discount to the uninsured for medically necessary health services. This discount allows us to provide uninsured patients to pay prices that are similar to the reimbursement we receive from other groups including government and private payers. If patient is deemed to be eligible for financial assistance, the 15% discount will be reversed and assistance given on total charges.

All patients may request an itemized statement for their accounts at any time.

If a patient disputes his or her account and requests documentation regarding the bill, staff members will provide the requested documentation in writing within 10 days if possible and will hold the account for at least 30 days before referring the account for collections.

Avita may approve payment plan arrangements for patients to indicate they may have difficulty paying their balance in a single installment. However, Avita is not required to accept patient-initiated payment arrangements and may refer accounts to collection as outlined below if the patient is unwilling to make acceptable payment arrangements or has defaulted on an established payment plan.

PAYMENT METHODS

1. Pay online with any major credit or debit card by logging onto www.avitahealth.org and clicking on “Your Bill” then “Pay by Credit Card or E-check”.
2. Authorize an electronic withdrawal from your checking account by logging onto www.avitahealth.org and clicking on “Your Bill” then “Pay by Credit Card or E-check”.
3. Bring cash payments to the Cashier’s Office at any hospital or the front desk of any Avita physician office or outpatient facility.
4. Mail check or money order to the Avita lockbox at P.O. Box 637235, Cincinnati, OH 45263.
5. Complete and mail the credit/debit card information section on your statement to the Avita lockbox.

PAYMENT OPTIONS

1. Payment in full within 25 days of your first statement and take advantage of the 15% prompt payment discount
2. Contact our Customer Service team to request a 3-month payment plan through Avita Health System
3. Apply for a payment plan through our partner, HELP Financial. Log onto www.avitahealth.org, contact our Avita Customer Service team, or contact HELP Financial (855-294-7814) to apply:
 - a. Up to 36 month payment plan
 - b. Interest free for the first 12 months
 - c. 8.0% interest on the remaining principle after the first 12 months
 - d. Multiple family accounts can be combined into a HELP Payment Plan
 - e. As future hospital or physician bills arise, you can simply charge them to your HELP payment plan account

Failure to resolve your account in a timely manner may result in referral to an outside collection agency 120 days from the first post-discharge statement. Avita's Patient Financial Services team is also authorized to approve legal action when patients who have the ability but are unwilling to pay do not do so.

COLLECTION ACTIVITY EXTRAORDINARY COLLECTION ACTIONS (ECAs)

Patient balances may be referred to a third party for collection 120 days from the first post discharge statement at the discretion of Avita Health Systems. Ownership of the debt will be maintained by Avita Health System.

Patient balances will only be referred for to a collection agency if, to the best of the Avita staff's knowledge:

- a. There is a reasonable basis to believe the patient owes the debt.
- b. All third-party payers have been properly billed, and the remaining debt is the financial responsibility of the patient.
- c. The open balance is the patient liability amount and does not relate to a claim that was denied due to an Avita Health System error.
- d. The responsible individual has not submitted a complete financial assistance application within the required timeframe.

Collection activity will include telephone calls, collection mailings, personal interviews and other appropriate contacts. The individual will receive a written notice at least 30 days before legal action will be taken. Legal actions taken are described as Extraordinary Collection Activity (ECAs). ECAs include reporting adverse information to the credit bureaus; or refer the outstanding balance to an attorney for review to commence a civil action, obtain judgment, and file wage garnishments, bank garnishments, or judgment liens, as necessary and appropriate.

Before engaging in ECAs to obtain payment for care, Avita Health System will make reasonable efforts to determine if an individual is eligible for financial assistance under our financial assistance policy. ECAs will not be taken until at least 240 days have passed since the first post-discharge statement was provided. At least 30 days before initiating ECAs to obtain payment, Avita will provide a written notice listing the potential ECAs that may be taken to obtain payment for care and gives a deadline after which ECAs may be initiated.

FINANCIAL ASSISTANCE AVAILABLE TO BOTH UNINSURED AND UNDERINSURED PATIENTS

If you are financially unable to pay, we want to help you apply for available assistance programs, including Ohio's Hospital Care Assurance Program (HCAP). Through HCAP, Avita provides basic, medically necessary hospital services free of charge to Ohio residents whose income falls below the HCAP guidelines. If your income exceeds these guidelines but your limited income, savings, and/or assets or your extensive medical bills do not allow you to pay for your services, please contact us to see if you qualify for a discount based on your financial need. Standardized criteria are used based on total gross family income and the number of dependents in the family unit. The Federal Poverty Guidelines in effect on the service date are the basis for determining the income guidelines. We encourage all eligible

patients to apply and provide information through discussions during scheduling, registration, financial counseling, and billing conversations. We also publish information and guidelines on signage and our statements and provide information to community action groups.

- Financial assistance requests can be made by contacting the Customer Service team via telephone or written correspondence, or by visiting the Financial Counseling team located at both Galion and Bucyrus Community Hospitals
 - Applications are available free of charge:
 - www.avitahealth.org
 - Back of your first Avita statement
 - Call Customer Service team to request an application be mailed to you
 - From your Avita physician office or the Cashier's Office at any hospital
 - Mail your completed application and supporting documentation to:
Avita Health System
Attn: Financial Counselor
269 Portland Way South
Galion, OH 44833
- Or bring your completed application and supporting documentation to any Avita location.
- Avita will not refer accounts to a collection agency if the patient's initial financial assistance application has not yet been processed and the patient has not yet been notified of the determination.

A comprehensive description of Avita's Financial Assistance Policy and an application with instructions can be obtained:

- On Avita's Website – <http://www.avitahealth.org>
- By contacting:
 - Customer Service Line at 419-468-0512
 - Patient Billing Advocate at 419-462-4502
- At any Avita Hospital Registration or Cashier location

IMPORTANT CONTACT INFORMATION

Customer Service Line: 419-468-0512

Patient Billing Advocates: 419-462-4502

Written communication address:

Financial Counseling Team
Avita Health System
269 Portland Way South
Galion, OH 44833

Compliance with Federal Civil Rights Laws

Avita Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Avita Health System does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Avita Health System:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please inform your Admitting Clerk or contact Cinda Kropka, Civil Rights Coordinator at 419.468.0571.

If you believe that Avita Health System has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Cinda M. Kropka, Compliance/Ethics & Privacy Director & Civil Rights Coordinator, 269 Portland Way S, Galion OH 44833, 419.468.0571, Fax 419.468.0721, or email ckropka@avitahs.org. You can file a grievance in person or by mail, fax, or email.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 419-468-4841.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 419-468-4841。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 419-468-4841.

ف. تاه مصلا مك بلاو 419-468-4841 فظود لم: اذا ت نك ت دد ركذا اللغة، نإف ت امدخ ددعا سملا في وغللا رف بوت ت كل ناجملا ب ل صد تا مقرب

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzscht, kantscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 419-468-4841.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 419-468-4841.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 419-468-4841.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 419-468-4841.

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 419-468-4841.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 419-468-4841 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 419-468-4841.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。419-468-4841 まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 419-468-4841.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 419-468-4841.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 419-468-4841.