

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 Patient Service team is 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 website for further assistance or information.

You will receive a series of communications from Avita Health System concerning your patient responsibility amount, which may include statements, letters, or phone calls. 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 the patient is deemed eligible for financial assistance, the 15% discount will be reversed, and assistance will be 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 who 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.
2. Authorize an electronic withdrawal from your checking account.
3. Bring cash payments to the Cashier's Office at Galion Hospital, Registration at Bucyrus and Ontario Hospitals, or the front desk of any Avita physician's 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: P.O. Box 637235, Cincinnati, OH 45263.

PAYMENT OPTIONS

1. Payment in full within 25 days of your first statement and take advantage of the prompt payment discount on qualifying hospital services
2. Contact our Patient Service team to request a 3-month payment plan through Avita Health System
3. Apply for a payment plan through our partner, HELP Financial. Contact our Avita Patient Service team, contact HELP Financial (855-294-7814), or [apply online](#):
 - 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 a 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 System. Avita Health System will maintain ownership of the debt.

Patient balances will only be referred 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 patient's financial responsibility.
- c. The open balance is the patient liability amount and does not relate to a claim 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 referring 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. 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. ECAs will not be taken until at least 240 days have passed since the first post-discharge statement was provided.

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 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 Patient Service team via telephone, written correspondence, or a scheduled appointment
- Applications are available free of charge:
 - MyChart – Click Your Menu > Billing > Financial Assistance
 - [Download Application](#)
 - Submit your application [online](#)
 - Back of your first Avita statement
 - Call the Patient Service team to request an application be mailed to you
 - From your Avita physician's office, the Cashier's Office at Galion Hospital, or Registration at Bucyrus or Ontario Hospital
- Return your completed application and supporting documentation via any of these methods:
 - MyChart – Click Your Menu > Billing > Financial Assistance
 - Mail
 - Avita Health System
 - Attn: Patient Service Representative
 - 269 Portland Way South
 - Galion, OH 44833
 - Fax – 419-462-4582
 - 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.
- Financial assistance approval letters will notify the family of the assistance expiration date*. A new application must be submitted for any services after the expiration date.
 - * Expiration date will always be within 90 days for outpatient services and 45 days from inpatient services.

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

- On Avita's Website – avitahealth.org
- By contacting the Patient Service Line at 419-468-0512
- At any Avita Hospital Registration or Cashier location

IMPORTANT CONTACT INFORMATION

Patient Service Line: 419-468-0512

Written communication address:

Patient Service Team
Avita Health System
269 Portland Way South
Galion, OH 44833

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (§ 92.11)

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-419-468-4841 or speak to your provider.

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-419-468-4841 o hable con su proveedor.

Nederlands (Dutch)

Voorbeeldkennisgeving van beschikbaarheid van taalondersteunende diensten en hulpmiddelen (§ 92.11)

LET OP: als je Nederlands spreekt, zijn er gratis taalhelpdiensten voor je beschikbaar. Passende hulpmiddelen en diensten om informatie in toegankelijke formaten te verstrekken, zijn ook gratis beschikbaar. Bel 1-419-468-4841 of spreek met je provider."

中文 Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-419-468-4841或咨询您的服务提供商。"

Deutsch (German)

Muster einer Bekanntmachung über die Verfügbarkeit von Sprachassistentendiensten und Hilfsmitteln und -diensten (§ 92.11)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-419-468-4841 an oder sprechen Sie mit Ihrem Provider."

(Arabic) العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-419-468-4841 أو تحدث إلى مقدم الخدمة."

नेपाली(Nepali)

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-419-468-4841 मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।"

Soomaali (Somali)

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaa heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-419-468-4841 ama la hadal bixiyahaaga."

Français (French)

Modèle d'avis de disponibilité des services d'assistance linguistique et des aides et services auxiliaires (§ 92.11)

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-419-468-4841 ou parlez à votre fournisseur. »

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-419-468-4841 पर कॉल करें या अपने प्रदाता से बात करें।"

తెలుగు (Telugu)

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-419-468-4841కి కాల్ చేయండి లేదా మీ ప్రావైడర్ తో మాట్లాడండి.

українська мова (Ukrainian)

УВАГА: Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-419-468-4841 або зверніться до свого постачальника».

РУССКИЙ (Russian)

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-419-468-4841 или обратитесь к своему поставщику услуг.

Việt (Vietnamese)

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-419-468-4841 hoặc trao đổi với người cung cấp dịch vụ của bạn."

Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga na-access na format. Tumawag sa 1-419-468-4841 o makipag-usap sa iyong provider."

Kiswahili (Swahili)

MAKINIKA: Ikiwa weve huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-419-468-4841 au zungumza na mtoa huduma wako."