

HOSPITAL AUTHORITY OF MILLER COUNTY

DOCUMENT NAME: Plain Language Summary Policy	Document #:	2009.1556
	Version:	2.00
	Original date:	12/31/2018
HAMC entity: HAMC and its entities	Review Date:	01/31/2024
Manual: Patient Financial Services Policy and Procedures Manual	Process Owner:	PFS Director

Revision Date	Revision Description	Approved By:
09/16/2020	Clarification and edits.	PFS Director
01/31/2024	Updated clinic hours, formatting.	Compliance

Purpose:

To communicate this policy through the Hospital Authority of Miller County (HAMC) and its entities.

Policy Statement:

This policy sets forth The Hospital Authority of Miller County's (HAMC) Financial Assistance Plan (*Plain Language Summary*).

Scope:

HAMC and its entities.

Plain Language Summary

Procedures and Financial Assistance Offered

The Hospital Authority of Miller County (HAMC) offers discounted care under a Financial Assistance Program to qualified individuals for emergency and other medically necessary services. The Hospital Authority of Miller County does not discriminate in the provision of emergency or medically necessary care based on ability to pay or source of payment.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, and any special consideration the patient or physician would like to have considered.

Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient's ability to pay the billed charges. Patients must fully comply with the application process, including submitting tax returns, bank statements and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid or other government programs.

How to Apply for Assistance

Financial assistance is limited to medical care provided at a Miller County Hospital location including Miller County Medical Center and Robert E. Jennings Medical Clinic. Miller County Hospital will uphold the confidentiality and dignity of each patient and any information submitted for consideration of financial assistance will be

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treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA). Individuals may apply for financial assistance by mailing a completed application, along with proof of household income. Patients may call or visit one of the locations listed to receive assistance with the application process.

Where to Obtain Copies

A free copy of the financial assistance policy and the application forms are available on the HAMC website at www.millercountyhospital.com or www.millercountyhospital.org. Copies of the policy are also available at hospital and clinic registration sites. Copies of this information are also available by mail by contacting us at (229) 758-3554. The HAMC financial assistance team is available to answer questions and provide information about the financial assistance policy and to assist you with the application process.

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than the AGB for emergency or other medically necessary care to patients who have insurance for such care. In addition, you will never be required to make advance payment or other payment arrangements to receive emergency services. However, in most other situations you may be required to make a deposit or other payment arrangements based upon an estimate of the AGB to receive non-emergency and/or elective services.

Collection Actions

HAMC may take or authorize a third-party collection agency or law firm to take certain actions related to obtaining payment of a bill for medical care, including the following (“extraordinary collection actions”):

1. HAMC may defer or reschedule non-emergent services, if clinically appropriate after discussion with the treating physician, until payment is received, or payment arrangements are made.
2. HAMC may report unpaid debts to external collection agencies, credit reporting agencies and/or credit bureaus.
3. Actions that require legal or judicial process including, but not limited to:
 - Commencing a civil action or lawsuit against the patient or responsible individual;
 - Garnishing an individual’s wages after securing a court judgment;
 - Attaching or seizing an individual’s bank account, or other personal property, or other judgment enforcement action permissible under state law after securing a judgment.

Neither HAMC nor a collection agency or law firm will commence extraordinary collection actions prior to 30 days from the date of the enclosed billing statement or 120 days after the date of the first post-discharge billing statement for the applicable medical care received, whichever date occurs later, and only after making reasonable efforts to determine whether an individual is eligible for assistance under the financial assistance policy.

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Contact for Information and Assistance

Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from:

Miller County Hospital

209 N. Cuthbert Street
Colquitt, GA 39837
229-758-3554

Hours of Operation
Financial Counselor
Monday - Friday 8:00AM - 4:30PM

Miller County Medical Center

208 N. Cuthbert Street
Colquitt, GA 39837
229-758-3304

Hours of Operation
Monday - Friday 8:00AM - 5:00 PM
Saturday QuickCare Clinic 9:AM-12:00 PM

Robert E. Jennings Medical Clinic

103 RE Jennings Ave. SE
Arlington, GA 39813
229-725-4251

Hours of Operation
Monday - Thursday 8:00AM - 4:30 PM
Friday 8:00 AM-12:00 PM

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For Non-English Speakers

Spanish language translations of the Financial Assistance Policy, Financial Assistance Policy Application and this Plain Language Summary are available.

Definitions:

N/A

Expected Outcome:

N/A

Responsibilities:

N/A

Associated forms:

Billing and Collections Policy

Financial Assistance Plan

Competency Assessment:

N/A

Reference Document Information: (Standards of Practice, Standard Operation, Regulatory, Legal Documents):

Deficit Reduction Act of 2005 §6032

31 USC §3729-3733 (The False Claims Act)

31 USC §3801-3812 (Program Fraud Civil Remedies Act of 1986)

HIPAA §164.502(j)(1)

O.C.G.A. §§ 49-4-168 to 49-4-168.6

O.C.G.A. §§ 23-3-120 to 23-3-127