

# **EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM PATIENT BILLING POLICY**

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## **I. POLICY**

Each hospital within the East Texas Medical Center Regional Healthcare System (System) will follow this policy for the billing of patient services and supplies.

- A. Charity Care will be provided to financially indigent or medically indigent patients, and a discount from the hospital's retail charges will be made available to uninsured patients who do not qualify for charity care, under the terms of the separate Charity Care & Uninsured Patient Policy.
- B. An itemized statement of billed services will be provided to all patients who request such a statement within the first 12-months after they have been discharged from a System hospital. The statement will be provided to the patient within 10-business days of the request.
- C. No interest will be charged on balances due to a System hospital.
- D. Patient complaints about billing may be made by telephone or in writing using the contact information at Exhibit A. Each complaint will be investigated, documented in the patient account record, and a response made to the patient. A good faith effort to resolve the complaint in an informal manner shall be made. If the complaint can not be resolved informally, the patient shall be advised that a complaint may be filed with the Texas Department of State Health Services at the address and phone number noted at Exhibit B.
- E. A written disclosure will be provided to each patient at time of admission which states whether the hospital is a participating provider under the consumer's third-party payor coverage on the date services are to be rendered, based on the information received from the patient. The written disclosure shall also inform the patient that a physician or other health care provider may provide services to the patient while in the facility, who is not a participating provider with the same third-party payor as the hospital. For services provided in a hospital emergency department or as a result of an emergent admission, each hospital shall provide this disclosure before the patient is discharged.
- F. A notice shall be posted in all registration or business office waiting areas stating that the Charity and Uninsured Patient and Patient Billing policies are available, and how to obtain them.
- G. An estimate of the hospital's charges for any elective inpatient admission or non-emergency outpatient service shall be provided, on request. Patients may request an estimate by contacting the hospital at the address and phone

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numbers listed at Exhibit C. The estimate shall be provided prior to scheduling the admission, procedure or service, and not later than 10-business days after the request. The hospital shall advise the requestor that:

- a. The request for the estimate may result in a delay in scheduling.
  - b. The actual charges will vary based on the person's medical condition and other factors.
  - c. The actual charges may differ from the amount to be paid by the patient or patient's third-party payor.
  - d. The patient may be personally liable for payment, depending on their health benefit plan coverage.
  - e. The patient should contact their health benefit plan for accurate information regarding plan structure, benefits, deductibles, copayments and other provisions that may effect their liability for payment.
- H. An itemized statement shall be provided to a third-party payor who has received a claim for payment from the hospital, if requested. The hospital shall provide the statement within 30-days of the request.
- I. Patient overpayments shall be refunded to the patient within 30-days of determination that an overpayment has been made.
- J. The provisions of this policy may not be waived, voided or nullified by a contract or an agreement between a facility and a patient.

## **II. DEFINITIONS**

- A. Patient A person who is considering receiving, is receiving or has received a health care service or supply from a System hospital. Patient also includes the personal representative of the person, or a guarantor of the person's account. All information or disclosures made to the personal representative or guarantor will only be made if they comply with HIPAA.
- B. Charity Care Inpatient and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for the care according to the guidelines of the Charity Care and Uninsured Patient Policy. The patient will have no obligation, or a discounted obligation, to pay

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for any services received which are deemed to be Charity Care under this Policy.

- C. Elective Care The patient's condition permits time for medical services to be scheduled.
- D. Emergency Care The patient requires immediate medical intervention due to a severe, life-threatening, or potentially disabling condition. Generally the patient is admitted through the emergency room.
- E. Uninsured Patient A person receiving healthcare services who does not have private healthcare insurance, and is not qualified to participate in a governmental program which provides healthcare benefits to its eligible participants (such as Medicare or Medicaid), and for purposes of the Charity Care and Uninsured Patient Policy does not qualify for Charity Care.

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## Exhibit A

Patient complaints may be made by contacting the appropriate **Business Office** at the address and phone number listed below:

ETMC Athens  
2000 South Palestine  
Athens, TX 75751  
903-676-1045

ETMC Mt. Vernon  
500 S. State Hwy. 37  
Mt. Vernon, TX 75457  
903-537-8011

ETMC Carthage  
409 W. Cottage Road  
Carthage, TX 75633  
903-694-4668

ETMC Pittsburg  
414 Quitman Street  
Pittsburg, TX 75686  
903-856-4532

ETMC Clarksville  
3000 W. Main (Hwy. 82 W)  
Clarksville, TX 75426-1270  
903-427-6484

ETMC Quitman  
117 N. Winnsboro Street  
Quitman, TX 75783  
903-763-6322

ETMC Crockett  
1100 Loop 304 East  
Crockett, TX 75835  
936-546-3813

ETMC Rehabilitation Hospital  
701 Olympic Plaza Circle  
Tyler, TX 75701  
903-531-8170

ETMC Fairfield  
125 Newman Street  
Fairfield, TX 75840  
903-676-1045

ETMC Specialty Hospital  
1000 S. Beckham, 5<sup>th</sup> Floor  
Tyler, TX 75701  
903-531-8170

ETMC Gilmer  
712 North Wood  
Gilmer, TX 75644  
903-841-7158

ETMC Trinity  
317 Prospect Drive  
Trinity, TX 75862  
903-744-1171

ETMC Jacksonville  
501 S. Ragsdale  
Jacksonville, TX 75766  
903-541-5123

ETMC Tyler  
1000 S. Beckham  
Tyler, TX 75701  
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## **Exhibit B**

If a patient complaint is not resolved by contacting the hospital, the patient may file a complaint with the Texas Department of State Health Services at the address and phone number listed below:

Texas Department of State Health Services  
Health Facility Compliance Group  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756  
Phone: 888-973-0022  
Fax: 512-834-6653  
Email: [hfc.complaints@dshs.state.tx.us](mailto:hfc.complaints@dshs.state.tx.us)

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## Exhibit C

An estimate of hospital charges may be requested by contacting the appropriate **Business Office** at the address and phone number listed below:

ETMC Athens  
2000 South Palestine  
Athens, TX 75751  
903-676-1045

ETMC Mt. Vernon  
500 S. State Hwy. 37  
Mt. Vernon, TX 75457  
903-537-8012

ETMC Carthage  
409 W. Cottage Road  
Carthage, TX 75633  
903-694-4668

ETMC Pittsburg  
414 Quitman Street  
Pittsburg, TX 75686  
903-856-4532

ETMC Clarksville  
3000 W. Main (Hwy. 82 W)  
Clarksville, TX 75426-1270  
903-427-6484

ETMC Quitman  
117 N. Winnsboro Street  
Quitman, TX 75783  
903-763-6322

ETMC Crockett  
1100 Loop 304 East  
Crockett, TX 75835  
936-546-3813

ETMC Rehabilitation Hospital  
701 Olympic Plaza Circle  
Tyler, TX 75701  
903-531-8170

ETMC Fairfield  
125 Newman Street  
Fairfield, TX 75840  
903-676-1045

ETMC Specialty Hospital  
1000 S. Beckham, 5<sup>th</sup> Floor  
Tyler, TX 75701  
903-531-8170

ETMC Gilmer  
712 North Wood  
Gilmer, TX 75644  
903-841-7160

ETMC Trinity  
317 Prospect Drive  
Trinity, TX 75862  
903-744-1171

ETMC Jacksonville  
501 S. Ragsdale  
Jacksonville, TX 75766  
903-541-5123

ETMC Tyler  
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