



SELF PAY POLICY

POLICY STATEMENT

Virginia Hospital Center Health System is proud of its not-for-profit mission to provide quality healthcare services to patients 24 hours a day 7 days a week regardless of the ability to pay. To achieve this end, Virginia Hospital Center has established the self-pay allowance program (20% discount) **for ALL patients who do not have insurance and are NOT eligible for financial assistance.** This is similar to the discount provided to Managed Care patients.

If you do not qualify for financial assistance and anticipate challenges in paying your bill, it is important that you contact our financial counseling office at 703.558.2492. We may be able to arrange a manageable payment plan to facilitate timely settlement of the amount owed. Federal and State laws require all hospitals to seek full payment of what they bill patients. This means we may have to turn unpaid bills over to a collection agency, which could affect your credit status.

COVERED SERVICES AND PROVIDERS

Our self-pay discount program **DOES NOT** apply to the charges billed by emergency department physicians, hospitalists, radiologists, pathologists and other physicians who act as private contractors. This discount program also **DOES NOT** include patients that fall into other special pricing programs such as:

- Special OB program
- Cosmetic Surgery
- County programs, i.e. McGowan Breast Fund
- Employee discount program
- Arlington Free Clinic
- Base charge for clinic visits
- Radiology screening exams

PROCEDURES

1. The self-pay patient may be asked to make a deposit on all non-emergent procedures and informed of all available programs.
2. Once the procedure is complete and the patient is discharged, the patient will receive a statement showing total charges less the applicable self-pay allowance.
3. Payment is due in 30 days. However, the patient will receive monthly statements for

120 days. If the patient fails to contact the Hospital to set up acceptable payment terms, the account will be transferred to a professional collection agency. If continued non-payment occurs beyond a reasonable period of time, judicial proceedings may be undertaken to collect payment.

4. If it is determined that the account qualifies under the financial assistance program after payment has been made for the episode of care, the adjustment will be added back to the balance and written off under financial assistance.
5. If the patient wishes to make payment arrangements and provides reasonable evidence he/she does not have the resources to pay the account in full, the following guidelines will apply:

BALANCE	PAYMENT DETAILS
Less than \$25	Balance due within 30 days of service
\$26 to \$1,000	\$50 per month with six month maximum
\$1,001 to \$2,000	\$75 per month with one year maximum
\$2,001 to \$5,000	\$100 per month with two year maximum
\$5,001 UP	\$100 per month with four year maximum

NOTE: Prior manager approval must be obtained on all arrangements exceeding \$5,000 and/or those not conforming to these guidelines.

For more information, please contact our financial counseling office at **703.558.2492**. We will treat you and your questions with courtesy, respect and with the utmost confidentiality.

Approved by: _____

Date: _____