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Owner Brian Lovdahl:  
CEO  
Policy Area Board of  
Directors

## Financial Policy

*"CCM Health is a unified health system dedicated to providing a lifetime of quality personalized care"*

- A. **PRECERTIFICATION:** Most insurance companies now require pre-certification for hospital admissions. The patient is responsible for seeing that this is done. CCM Health will help with this process if you request our assistance.
- B. **BILLING:** You will receive a bill from CCM Health services provided in both the hospital, home care and clinic, for the use of facilities and overhead, supplies, diagnostic tests, emergency room, physician charges, hospital personnel (i.e. nurses, techs, medical records services, housekeepers) etc. In addition, you may also receive bills from one or more of the following for their professional services rendered. You will have to consult them about their billing procedures.
1. Professional fees for reading of X-rays and pathology specimens.
  2. Other specialty physicians.
  3. Durable Medical Equipment suppliers
- C. **THIRD PARTY PAYERS:** If you provide us with your insurance information within the timely file guidelines set by your insurance company, we will file claims as follows:
1. Medicare and Medical Assistance will pay directly for any covered charges submitted, and we will then bill you for any remaining balance.
  2. We will need an assignment of benefits signed prior to submitting charges on your behalf to your Commercial Insurance or Worker's Compensation carrier. If they have not paid within thirty (30) days, the account will revert to self-pay.
  3. If your insurance company is causing you unnecessary delays, we would be happy to assist you in resolving these issues, or you could write to the insurance commissioner at the following address: Minnesota Commerce Department, Enforcement Division, 133 East 7th Street, St. Paul, MN 55101. Phone: 1-800-652-9747.
  4. If your insurance company requires that your procedure needs to have a prior

authorization prior to having a this done, we will work to get this done as timely as we can. Some insurance companies can take up to 30 days to approve a procedure. This approval must be in place prior to you being scheduled.

- a. If you decide to move forward prior to your insurance company giving approval you will be required to sign a waiver of liability. This will state that if the insurance denies the procedure that you will be responsible for the balance.
5. We will not become involved in disputes arising from personal injury. Financial responsibility for our services always rest with the patient.

**D. UNINSURED PATIENTS** - Patients who present for scheduled services who do not have insurance on file, or are uninsured will be required to meet the following pre-payment guidelines before their appointment. This payment can be made with cash, check or credit card. Failure to make this payment will result in this appointment being rescheduled. We will have a financial counselor available to help with getting insurance coverage if needed. If the patient feels they need to be seen and can not meet the financial obligation they should be directed to the ER.

1. Clinic and Walk-in clinic appointments, sleep studies, and therapy visits will require a \$100 payment.
2. High end imaging including Ultrasound, MRI, Nuclear Medicine, CT scans will require a \$250 payment.
3. All scheduled surgeries will require a \$500 payment

**E. SELF PAYMENT AFTER INSURANCE OPTIONS:**

1. If uninsured or under-insured:
  - a. Contact the county family service agency **immediately** to apply for medical assistance.
    - i. If denied, then a Charity Care application should be completed
    - ii. You should also apply for insurance to protect you from future medical expenses
  - b. With no insurance and charity care is allowed
    - i. A payment of 25% of the estimated balance after uninsured discount and charity care amount are deducted is due for the next 4 months.
  - c. Pay balance in full by cash, credit card or loan.
    - i. If paid within 30 days of the first statement, a prompt pay discount may be available.
2. Make arrangements to pay 25% of the balance remaining after insurance each month.
3. If you need to set up an extended payment plan, ask about our Clearbalance 0% interest plan.

- F. **DISPUTED BILLS / IDENTITY THEFT:** If you advise CCM Health or its debt collection agency that you do not owe all or part of a bill, we will suspend further collection efforts until we are able to provide you with documentation establishing that you owe the debt. Such documentation will generally be provided in writing to the patient within ten (10) days, and further collection activity may be suspended for a period of thirty (30) days after providing proof that the debt is owed. CCM Health may require documentation, such as a police report, to confirm allegations of identity theft.

## **CCM Health**

### **PATIENT NOTICE OF CHARITY CARE**

CCM Health is proud of its public mission to provide quality care to all who need it, 24 hours a day, seven days a week, 365 days a year.

If you do not have health insurance and worry that you may not be able to pay in full for your care, we may be able to help. CCM Health provides charity care to patients based on their income, assets, and needs. In addition, the family service agency in your county may be able to help you get free or low-cost health insurance or public assistance.

We will attempt to work with you to arrange a manageable payment plan; however, it is important that you let us know if you will have trouble paying your bill. Federal and state laws require all hospitals to seek full payment of what they bill patients. This means we may turn unpaid bills over to a collection agency, which could affect your credit status.

Our charity care program relates only to those services not covered by insurance which were provided at the CCM Health. It does not include professional, DME, or other charges that are not billed by CCM Health.

For more information, please contact the Hospital Business Office at 320-269-8877. We will treat your questions with confidentiality and courtesy.

### **CHARITY CARE PROGRAM**

Within three (3) months from the date of service or date of discharge, any person seen at the CCM Health may apply for the Charity Care Program for that period of stay. Charity Care will be granted after all other sources of secondary payment have been exhausted.

Any patient seeking Charity Care shall comply with application requirements, including the production of necessary documentation to CCM Health.

Once this documentation and the completed application for Charity Care are received at CCM Health, we will suspend any collection activity until your application has been processed and you are notified of our decision.

The phone number for the Attorney General's office is 1-800-657-3787.

- A. Charity Care will be granted to individuals based on their family income as compared to the Federal Poverty Income Guidelines (FPIG).
- Charity Care will be granted at 100% if family income is less than or equal to 200% of

the current FPIG according to family size.

- Charity Care will be granted upon death of a patient with no estate.
- Persons who have documented financial distress due to bankruptcy shall be granted Charity Care.
- The hospital commission may, at its discretion, grant Charity Care in excess of the afore-mentioned limits, based on patient's specific circumstances and need.

B. **Federal Poverty Income Guidelines:** The following link will take you to the current Federal Poverty Income Guidelines: <https://aspe.hhs.gov/poverty-guidelines>

## Approval Signatures

Step Description

Approver

Date

Brian Lovdahl: CEO

04/2026

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