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Next Review:	*6/5/2027*
Owner:	*Kelly Johnston: CFO*
Policy Area:	*Financial Services-Business Office*
References:	

Private Pay Services Policy

Policy:

Private Pay Services include individuals who do not have insurance or who have a remaining balance after insurance has processed a claim.

Insurance companies may determine that certain services are not medically necessary and, therefore, not covered. In these cases, the remaining balance is the patient's responsibility. Prepayment may be required prior to services being rendered.

Non-medically necessary services are **not eligible** for financial assistance through the hospital.

Private Pay patients are expected to make payment at the time of service. If full payment cannot be made, arrangements will be discussed with a Patient Services Representative in accordance with the **Patient Billing and Collection Policy**.

Available Payment Options

The following options may be available to eligible patients:

- **Uninsured Prompt Pay Discount – 25%** (when paid in full)
- **Monthly Payment Plan** (when all other options have been exhausted; see guidelines below)
- **Financial Assistance Program (FAP)** (see Financial Assistance Guidelines

Private Pay Discount (Uninsured)

Lake District Hospital offers a **25% uninsured discount** for patients without health insurance.

Exclusions

- The 25% discount applies **only when the balance is paid in full.**
- Patients with a **Good Faith Estimate** who elect a pre-arranged payment plan (including a 3-month payment arrangement with the first payment due at the time of service) are **not eligible** for the uninsured prompt pay discount.

Online Bill Pay

Lake District Hospital offers secure online bill payment. Payments are typically posted within **24 hours**.

Monthly Payment Guidelines:

Lake District Hospital accepts monthly payments on accounts with outstanding balances when all other payment options have been exhausted.

- Payment arrangements are established through the Business Office in accordance with the **Patient Billing and Collection Policy**
- Each visit is set up as a **separate payment plan**
- Minimum monthly payments are calculated per account

Each visit will be set up on a separate monthly payment plan, and a minimum monthly payments will be calculated on each account.

Payment Schedule

Balance	Minimum Payment	Term of Payments
$50.00 or less	Payment in Full	At time of Service
$50.01 - $1,000	$83.00 Monthly	12 Months
$1,000.01 - $3,000	$167.00 Monthly	18 Months
$3,000.01 - $6,000	$250.00 Monthly	24 Months
$6,000.01 -$10,500	$300.00 Monthly	36 Months
$10,500.01 -$15,000	$400.00 Monthly	48 Months
$15,000.00 and above	$500.00 Monthly	60 Months

- An initial payment of 10% of balance is required to meet monthly payment guidelines

Because Lake District Hospital is supported by county tax dollars, these minimum payment guidelines are established by the Board of Directors to ensure fairness and consistency.

Patient Services Representatives do not have the authority to deviate from these guidelines.

If the minimum payment creates a financial hardship, patients are encouraged to apply for financial assistance.

Monthly Payment Plan Default Policy:

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  - A maximum of **one (1) default per calendar year** is allowed
  - Defaults may be subject to a **$35 insufficient funds fee**, when applicable

Two (2) defaults within one calendar year may result in:

- Termination of the payment plan
- Referral to collections in accordance with the **Patient Billing and Collection Policy**

Note: No account will be sent to collections while a financial assistance application is in process.

Financial Assistance Guidelines

Presumptive Eligibility & Billing Compliance

Lake District Hospital conducts presumptive eligibility screening for financial assistance prior to issuing the first billing statement, in accordance with Oregon law and internal policy.

- Eligible patients may receive assistance before billing
- Patients will be notified of their eligibility and next steps

Financial Assistance Application

a. Applications are available:
    - On the hospital website
    - By contacting the Business Office (mail or email request)
    - In person at the Business Office with Patient Financial Services

Application Requirements

- The completed application must be submitted within **120 days** of the initial statement
- Incomplete applications will be returned with a request for additional information
- Requested information must be received within **14 days** to continue processing

If a completed application is not received within 120 days of the initial statement:

- Financial assistance will be **denied**
- The **normal collection process will resume**

Lake District Hospital will issue a determination within **30 days** of receiving a completed application. Determination letters will be sent via U.S. mail.

All financial assistance information is kept **confidential**.

Eligibility Criteria

Income-Based Qualification

Eligibility is determined based on **household income from all sources**, including:

- Wages
- Gifts
- Housing allowances
- Sale of goods

Income is measured against **Federal Poverty Guidelines (FPG)** established by the U.S. Department of Health and Human Services.

- Patients at or below **400% of FPG** may qualify for a sliding-scale discount
- Patients are responsible for balances determined under this scale

Additional Considerations

- Household size
- Employment status and likelihood of future earnings

- Tax returns and supporting documentation (pay stubs, bank statements, etc.)
- Existing financial obligations

Patients may be required to:

- Apply for state assistance programs (e.g., Medicaid, SSI, SSD)
- Provide proof of denial before financial assistance is granted

Accounts pending determination by another payer source are excluded until a decision is made.

Determinations are based on the applicant's **current financial situation** and may remain valid for up to **6 months**.

Non-Discrimination Statement

The Financial Assistance Program is available to all eligible patients and is not restricted based on:

- Race
- Creed
- Sex
- National origin
- Age
- Disability
- Sexual orientation

Non-medically necessary services are **not eligible** for financial assistance.

Additional Information

- Billing and collection practices are outlined in the **Patient Billing and Collection Policy**
- Applications are available at: **www.lakehealthdistrict.org**
- Spanish versions of the application and guidelines are available

FAP Application and guidelines are available in Spanish.

See Financial Assistance Application, Appendix B

References:

Pre-PolicyStat Number: 9-895-203

All revision dates:	6/5/2026, 12/28/2023, 6/6/2016

Attachments

- A: EFT Guidelines
- B: Financial Assistance Application

Approval Signatures

Step Description	Approver	Date
Chief Executive Officer	Landon Dybdal: Chief Executive Officer	6/5/2026
Chief Financial Officer	Kelly Johnston: CFO	5/29/2026