



FIN 008

MHS

Title: Discount to the Uninsured

Formulated Date:	Last Reviewed Date:	Last Revision Date:	Effective Date:
12/18/07	1/26/2022 <u>4/9/13</u>	02/17/15 <u>1/26/2022</u>	04/07/15 <u>1/31/2022</u>
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POLICY:

Methodist Health System (MHS) will provide uninsured patients a ~~45~~40% discount from standard charges.

GUIDELINES:

1. Methodist Health System's Discount to the Uninsured applies to patients who have no insurance or other third party coverage including Medicare or Medicaid.
 - A. The Discount does not apply to patients classified as underinsured.
 - B. The Discount does not apply to patient's co-pays, coinsurances, or deductibles.
 - C. The Discount does not apply to patients who qualify for state, federal, or other third party assisted programs.
2. Uninsured patients initially identified as eligible to receive the discount will be made aware of the discount at the time of registration. Patients will also be made aware that MHS reserves the right to reverse the discount in the event MHS discovers the patient was not eligible to receive the discount or discovers the discount was inadvertently applied for any reason. Such patients will be notified at the time of discovery by the MHS Central Billing Office.
3. Methodist Health System's Discount to the Uninsured does not apply to market priced services.
 - A. A listing of market priced services can be obtained by contacting Methodist Health System Patient Access Departments and is subject to change at anytime.
4. The discount amount will be shown on the patient's initial bill as a separate line item with a line description of "Uninsured Patient Discount".
5. The discount percentage to be applied under this policy will be computed annually each ~~June-October~~ for the prior fiscal year but no more often than annually, using the best information available at that time.

Addendum A: Services Excluded From the Uninsured Patient Discount

APPROVED BY _____



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The office responsible for this Policy is Corporate Finance. Questions about this policy or suggestions for improvement should be directed to the Executive Vice President of Financial Services at 214-947-4510.

Addendum A

TITLE: SERVICES EXCLUDED FROM THE UNINSURED PATIENT DISCOUNT

GUIDELINES:

1. The following services are excluded from the Uninsured Patient Discount as they are considered to be market priced services.
 - A. Gastric Bypass Surgery
 - B. Lap Band Surgery
 - C. Vaginal and C-Section Deliveries
 - D. Cosmetic Only Procedures
 - D-E. CT Heart Score

A list of these procedure's current market based prices can be obtained by contacting the respective hospital's Patient Access Department.

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