



ChristianaCare Patient Billing and Collection Policy

Policy

ChristianaCare will provide medically necessary health care services to all individuals without regard to race, creed, sex, national origin or their ability to pay. To provide these services, it is necessary for the institution to maintain a strong financial position. Prompt collection of the accounts receivable from third party insurance companies and patients is a major focus of that position. However, standard processes established for the collection of accounts receivable will continue to include unique handling of our charity eligible population.

Purpose

To ensure fair and consistent collection practices.

Scope

All ChristianaCare operations including hospital inpatient, outpatient and emergency room services, as well as all services provided by our hospital employed physician operations.

Billing Process

ChristianaCare will bill third party insurance companies for all patients who provide complete insurance information. In instances where insurance information is incomplete or where we are unable to secure payment from a non-contracted insurance coverage, the balance will become the patient's responsibility.

Insurance Collection Processes

The hospital Billing Department of ChristianaCare will submit a claim to a patient's third-party insurance carrier if a valid insurance identification card and/or complete insurance information is provided. Follow-up efforts are made by the billing staff to collect on claims with the expectation that the payer should remit payment within a reasonable timeframe.

Once the insurance company has remitted partial payment on a claim or has not paid the claim within a reasonable timeframe, the responsibility for the claim could rest with the guarantor unless ChristianaCare is deemed by the insurance company to have liability for the unpaid balance or to be contractually obligated to resolve the claim without patient involvement. If there is a balance due after the insurance has paid or if the patient does not have insurance, a statement will be sent. We will not bill the patient for balances unless permitted under the patient's health plan and applicable law.

If at any time a patient believes they may qualify for an adjustment under the ChristianaCare Financial Assistance Policy, an application will be released to them, and the process outlined under the Financial Assistance Policy will be followed.

Statement Flow

Patients receive a minimum of four statements until the balance is paid in full or payment arrangements have been made. After 120 days with no agreed payment, the account is placed with an external collection agency.

External Collection Agency Placement

ChristianaCare contracts with external collection agencies for the purpose of pursuing collection of delinquent accounts. The external collection agency will attempt to collect on an account. If the residual is still outstanding and not on a payment plan after the 180 days the account is returned to Christiana Care.

ChristianaCare does not engage in extraordinary collection activities as defined by the IRS.

Policy updated April 2025