

## LEE HEALTH POLICY & PROCEDURES

<b>PATIENT BILLING GRIEVANCE</b>		<b>LOCATOR NUMBER</b>																					
<b>T Y P E</b>	<input type="checkbox"/> <b>System-wide</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	<b>CHAPTER: M07</b>																					
	<input type="checkbox"/> <b>Multidisciplinary/Interdisciplinary</b> - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. <b>Check below all areas to which this applies.</b>	<b>TAB: 02</b>																					
	<input type="checkbox"/> <b>Departmental</b> - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	<b>POLICY #: 500</b>																					
<b>Disciplines - locations to which this interdisciplinary policy applies:</b>																							
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Health Information Management</td> <td><input type="checkbox"/> Pharmacy</td> <td><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td><input type="checkbox"/> Environmental Services</td> <td><input type="checkbox"/> Plant Operations</td> <td><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td><input type="checkbox"/> Information Systems</td> <td><input type="checkbox"/> Radiology</td> <td><input type="checkbox"/> Home Health</td> </tr> <tr> <td><input type="checkbox"/> Laboratory</td> <td><input type="checkbox"/> Rehabilitation Services</td> <td><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td><input type="checkbox"/> Legal Services</td> <td><input type="checkbox"/> Respiratory</td> <td><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td><input type="checkbox"/> Finance</td> <td><input type="checkbox"/> Public Safety</td> <td><input type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td><input checked="" type="checkbox"/> Hospital Services</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Physician Offices	<input type="checkbox"/> Finance	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Rehab Hospital	<input checked="" type="checkbox"/> Hospital Services		
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<b>Date Originated: 6/24</b>	<b>Reviewed/No Revision:</b>	<b>Dates Revised:</b>																					
		<b>Next Review Date: 6/26</b>																					
<b>Author(s): Billie Jo DeBolt, System Director Revenue Cycle Operations</b>																							
<b>Reviewed by:</b>																							
		<b>Date:</b>																					
		<b>Education Completed: Date:</b>																					
<b>Clinical Education Council</b>	<b>Yes No:</b>																						
<b>Education Plan Required:</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>Date:</b>																					
<b>Approved by:</b>																							
<b>Policy Administrator:</b>	<b>Anne Rose, VP and Chief Revenue Cycle Executive</b>	<b>Date: 6/28/2024</b>																					
<b>As Needed:</b>																							
		<b>Date:</b>																					

**PURPOSE:**

To set forth the mechanism for prompt resolution of complaints / grievances related to billing disputes.

## **DEFINITIONS:**

Billing Grievance - A formal written or verbal complaint made to the hospital by the patient, or the patient's representative to dispute charges that appear on the patient's itemized statement or bill.

Billing Inquiry - An informal question or complaint made to the hospital by the patient, or the patient's representative related solely to their hospital bill.

Any other type of non-billing Patient Grievance is handled in accordance with Lee Health Policy S03 01 703 Patient Complaint/Grievance – Service Recovery.

## **POLICY:**

Lee Health generally can resolve the majority of Billing Inquiries when they are received either in person at the hospital(s) or by telephone to the Lee Health designated call center.

Lee Health will ensure that patients or their representatives can submit a Billing Grievance and receive a response based on Lee Health's review of their Billing Grievance.

Lee Health will provide an initial response to a Billing Grievance within seven business days after a patient or their representative formally submits a grievance disputing all or a portion of an itemized statement or bill.

Lee Health will communicate its findings and resolution back to the patient or their representative no later than ninety days after receipt of the Billing Grievance. If completing its review will exceed ninety days, Lee Health will communicate the expected timeframe to the patient or their representative.

Lee Health will maintain a toll-free telephone number for patients to use to make Billing Inquiries and/or submit Billing Grievances.

## **RELATED POLICY:**

S03 01 703 Patient Complaint/Grievance – Service Recovery