



Policy Name: Patient Billing, Financial Assistance, and Collections Policy  
Approved By: Executive Sponsor  
Last Revised: 06/11/2026

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# Patient Billing, Financial Assistance, and Collections Policy

Author: Manager Patient Financial Experience  
Executive Sponsor: EVP Administrative Services and CFO  
Gate Keeper: Administrative Coordinator Rev Cycle

## Policy Type

- Entity Governance Policy
- Entity Policy
- Entity Departmental Policy
- Governance Policy
- Corporate Policy
- Corporate Departmental Policy

## Policy Scope

- Summa Health (Corporate)
- Summa Health Network
- Summa Health Medical Group
- SummaCare
- Summa Health System (Hospitals)
- New Health Collaborative
- Department: Patient Financial Experience



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**1.0 Purpose:**

- 1.1 Summa Health System (SHS) and Summa Health Medical Group (SHMG) (collectively “Summa”) are committed to providing education to patients and guarantors as it relates to billing and collections of payment for services rendered. Payment on accounts will be pursued consistently, regardless of race, age, gender, ethnic background, national origin, citizenship, primary language, religion, education, employment or student status, disposition, relationship, insurance coverage, community standing, or any other discriminatory differentiating factors. To that end, Summa will not engage in any extraordinary collection actions (or “ECAs” as defined herein) against an individual to obtain payment for care before reasonable efforts have been made to determine whether the individual is eligible for assistance for the care under its Financial Assistance Policy (FAP).
- 1.2 Every patient will be given reasonable time and communication to be aware of and understand their financial responsibility. The patient will be held financially responsible for services provided and adequately documented. Summa Health System representatives and/or its designee will widely publicize its FAP. Understanding each patient’s insurance coverage is the responsibility of the policyholder. Any residual patient liability secondary to insurance coverage is defined by the patient’s insurance coverage and benefit design.
- 1.3 Summa relies on the explanation of benefits and other information from the patient and the insurance carrier for eligibility, adjudication of the claim, and patient out of pocket responsibility determinations.

**2.0 Scope:**

- 2.1 The Patient Billing, Financial Assistance, and Collections Policy applies to the revenue cycle operations of Summa Health System.

**3.0 Definitions:**

- 3.1 **Summa Health System (SHS)** – is a hospital with multiple inpatient and outpatient locations operating in Northeast Ohio. The main provider location is 525 E Market Street, Akron, Ohio 44304.
  - 3.1.1 Summa Health Corporate Office is located at 1077 Gorge Blvd, Akron, Ohio 44310.
- 3.2 **Summa Health Medical Group (SHMG)** - is a multispecialty physician group with multiple physician offices located throughout Northeast Ohio.
- 3.3 **Extraordinary Collection Actions (ECAs)** - Prior to initiating advanced collection activities, Summa Health and Summa Health Medical Group will make reasonable efforts to notify patients of available financial assistance programs, payment arrangements, and methods to resolve outstanding balances. ECA’s will include 1) selling an individual’s debt to another party 2) reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus 3) deferring or denying, or requiring payment before providing medically necessary care because of nonpayment of previous bills 4) actions that require a legal or judicial process such as starting a civil action against an individual and placing a lien on an individual’s property (although exceptions include filing a proof of claim in bankruptcy and hospital liens on personal injury judgments/settlements.)
- 3.4 **Financial Assistance Policy (FAP)** - is the financial assistance program established and administered by Summa Health to provide eligible uninsured and underinsured patients with

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discounted or subsidized medically necessary care based on financial and other eligibility criteria established by Summa Health. Financial assistance is not an insurance program, and eligibility is determined solely in accordance with Summa policy and supporting documentation requirements.

3.5 **Financial Assistance (FA)** - Financial Assistance is a program that helps people pay for medical care when they cannot afford the full cost themselves. The goal is to reduce financial barriers to getting treatment, prescriptions, hospital care, or insurance coverage.

3.6 **Payment Plan** - Summa may allow patients to pay bills over time instead of all at once.

### 4.0 Policy:

4.1 A patient statement is sent to the patient/guarantor in billing cycles. In cases when the patient has no insurance coverage, a self-pay patient, the statement is sent after services are provided. In most cases when patients have coverage through an insurance carrier, the statements are sent after the services have been provided, claim is submitted, and claim has been settled by the insurance carrier.

4.2 Summa Health System representatives and/or their designees may attempt to contact the patient/guarantor (including but not limited to contact via telephone/cell phone, mail, text, or email) during the statement billing cycle to collect payment. Collection efforts are documented on the patient's account.

4.3 Any third-party vendors, agencies, or contractors engaged in billing or collection activities on behalf of Summa are contractually required to comply with this policy and all applicable laws and contractual requirements.

### 5.0 Procedure:

5.1 Statement Cycle:

5.1.1 The statement cycle will be measured from the first statement sent to the patient (date sent) and continue at approximately 30-day intervals until 4 statements over a 120-day time period have been sent. Outbound calls may also be made during this period.

5.1.1.1 Examples of when four statements might not be sent include mail returned as undeliverable or patient is deceased.

5.2 Extraordinary Collection Actions (ECAs): It is the policy of Summa not to engage in ECAs (as noted in 'Definitions') against an individual to obtain payment for care before making reasonable efforts to determine whether the individual is eligible for assistance under Summa's FAP.

5.2.1 Summa Health and its authorized vendors may pursue lawful and commercially reasonable collection activities for delinquent accounts in accordance with applicable federal and state law, this policy, and any applicable patient financial assistance requirements. However, legal action will NOT include bank garnishment, repossession of assets and foreclosures. Summa must be notified of and approve any legal action being taken in the collection of delinquent accounts by any vendors working on behalf of Summa Health.

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- 5.3 Efforts to Determine Financial Assistance Eligibility:
  - 5.3.1 See Summa FAP Eligibility Criteria section for the most up to date eligibility criteria.
  - 5.3.2 Summa will not engage in ECAs against the patient or guarantor without making reasonable efforts to determine the patient's eligibility under the FAP. Specifically:
    - 5.3.2.1 Summa will notify individuals about the FAP as described herein before initiating any ECAs to obtain payment for the care and refrain from initiating such ECAs for at least 120 days from the first post-discharge billing statement.
  - 5.3.3 If Summa intends to pursue ECAs, the following will occur before initiating one or more ECAs:
    - 5.3.3.1 Summa will notify the patient in writing that financial assistance (FA) is available for eligible individuals, identifies the ECAs the facility (or other authorized party) intends to initiate to obtain payment and states a deadline after which such ECAs may be initiated that is no earlier than 30 days after the date that the written notice is provided. The above notice will include a plain language summary of the FAP.
    - 5.3.3.2 If Summa combines an individual's outstanding bills for multiple episodes of care before initiating one or more ECAs to obtain payment for those bills, it will refrain from initiating the ECAs until 120 days after it provided the first post-discharge billing statement for the most recent episode of care included in the combined balance.
- 5.4 Processing FA Applications:
  - 5.4.1 If an individual submits an *incomplete* FA application during the application period, Summa will:
    - 5.4.1.1 Provide the individual with a written notice that describes the additional information and/or documentation required under the FAP that must be submitted to complete the application and that includes the Summa contact information.
  - 5.4.2 If an individual submits a *complete* FA application during the application period, Summa will:
    - 5.4.2.1 Make an eligibility determination as to whether the individual is FA-eligible and notify the individual in writing of the eligibility determination (including the assistance for which the individual is eligible) and the basis for this determination.
  - 5.4.3 If the individual is determined to be FA-eligible Summa will:
    - 5.4.3.1 Provide the individual with notification of the patient balance and how that amount was determined.
    - 5.4.3.2 Refund patient payments made after the determination of eligibility under the Summa Health Financial Assistance Policy. Including Presumptive charity



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determinations. Unless excess amount is less than \$5 (or other amount published in the Internal Revenue Bulletin).

**6.0 Responsibilities and Authorities:**

**6.1 Patient Financial Advocates**

6.1.1 Patient Financial Advocates are available to answer patient questions about insurance coverage, Medicare, and other financial inquiries.

6.1.2 For more information, please call:

6.1.2.1 Summa Health System and Summa Health Medical Group (330) 375-6685

6.1.2.2 Summa Health System – Barberton Campus (330) 615-3234

**6.2 Customer Service**

6.2.1 1.2.1 Contact Summa Patient Customer Service at 330.278.0160

6.2.1.1 Representatives are available Monday through Thursday 8am – 8pm EST, Friday 8am – 5pm, and Saturday 9am – 1pm EST.

6.3 **Vendors** working on behalf of Customer Service and collections of Summa Health System and Summa Health Medical Group.

**7.0 Records:**

7.1 None

**8.0 References:**

8.1 Summa Health System and Summa Health Medical Group offers various options for uninsured and underinsured patients who do not qualify for FA under its FAP. For further information, please see the following Summa Health System policies or contact Summa customer service.

8.1.1 Summa Health Financial Assistance Policy

8.1.2 Summa SOP Bad Debt

**9.0 Key Words or Aliases (Optional):**

9.1 **Anti-Abuse Rule** - Summa will not base its determination that an individual is not FA-eligible on information that Summa has reason to believe is unreliable or incorrect or on information obtained from the individual under duress or through the use of coercive practices.

9.2 **Cooperation** - Patients/guarantors shall cooperate in supplying third party information including motor vehicle, other accident information, requests for coordination of benefits, pre-existing information, or other information necessary to process claims including cooperating in the



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application for Medicaid benefits. Summa Health financial assistance may be denied if patient/guarantor does not cooperate.

- 9.3 **No Waiver of FA Application** - Obtaining a signed waiver from an individual, such as a signed statement that the individual does not wish to apply for assistance under the FAP or receive the notifications described herein, will not itself constitute a determination that the individual is not FA-eligible.
- 9.4 **Final Authority for Determining FA Eligibility** - Summa's Patient Financial Services Department has the final authority to determine FA eligibility.
- 9.5 **Providing Documents Electronically** - Summa may provide any written notice or communication described in this policy electronically (for example, by email) to any individual who indicates he or she prefers to receive the written notice or communication electronically.
- 9.6 **Payment Plans** - Summa may offer payment arrangements or extended payment plans based on account balance, and patient financial circumstances.

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