

My name is Shannon Bunyard

I am with Adventist Medical Center, Portland. I am a past board member and past patient accounts problem solving chair for Oregon Healthcare Financial Management Association (HFMA)

I am here to support Senate Bill 901

In 2013 we started noticing an increase in accounts that were being sent to collections where the situation was that a patient had insurance but the insurance company had paid the patient directly and the patient did not pay the hospital. On multiple phone calls from patients they stated there had been a misunderstanding on their part and they did not realize they still owed the hospital money and unfortunately they had spent the money.

The most troubling scenario for our facility was the case of a patient who had severe illness requiring multiple hospitalization episodes when the illness finally overtook the patient and he passed away.

An insurance company had sent multiple checks made payable to the patient, to the patient's home. Since the patient was deceased he had no way of signing the checks to receive payment in order to give payment to the facility. Since we were not receiving payments from the patient we sent monthly statements to his address and the patient's family was receiving the past due statements and finally the collection notices. This was quite an addition to the grief of the family who had not only lost a family member, but now they had no way of paying the bills even though they had possession of the checks that were made payable to their family member. The family had a family friend that was an attorney and they brought the checks to the attorney. The attorney and I had several conversations regarding these checks and the debt owed the facility. Since the patient did not have an estate, nor did he assign a POA the checks were impossible to cash.

After several months of statements and conversations with the family, the attorney sending letters to the insurance company and me personally repeatedly calling the insurance company they finally agreed to issue the checks to AMCP directly.

From what I have experienced this is a disservice not only to the hospital but very often it is a disservice to the patients that have insurance coverage.