

LEBANON FIRE DISTRICT
POLICY, PROCEDURE AND INSTRUCTION

SECTION: 1300 – Administration
TITLE: **Charity Care Policy**
NUMBER: **1300-26**
SUPERSEDES: All Previous Documents Related to PPI Manual
APPROVAL: Joseph Rodondi 9/29/2025
Fire Chief Date
UPDATED: Desiree Barker 9/29/2025
Chief Administrative Officer Date

PURPOSE

This policy serves to apply a fair and consistent method, for the review and completion of requests for charitable medical care to individuals in need.

This procedure is applicable to all District personnel, and any third-party billing agency. Where any section, subsection, sentence, clause, or phrase is found inconsistent with State of Oregon statutes the ORS shall prevail.

PROCEDURE

Individuals will be classified as a charity care if LFD determines that the individual is unable to pay for the emergency medical service(s) provided. In determining an individual’s ability to pay, the LFD shall:

- A. collect the individual’s information during and/or after the emergency medical service(s) are provided (as applicable given the individual's condition)
- B. undertake an insurance discovery process to identify if the individual has third party insurance including Medicaid, Medicare, and/or other forms of insurance
- C. undertake reasonable collection efforts to verify and/or yield essential information about the individual’s ability to pay for the ambulance service(s) provided
- D. Arrangements for payment: If a patient’s financial position is such that payment in full would create an undue hardship, the Fire Chief or their designee shall negotiate a monthly payment schedule, not to be less than one-hundred-dollar (\$100) per month. In cases where an extreme hardship exists, the Fire Chief or their designee may agree to a payment less than the one-hundred-dollar (\$100) minimum stated above. A Reduced Monthly Payment Application form must be completed to determine financial hardship or extreme financial hardship. See the attached application form.

The District will **not** accept a percentage of total invoices as full satisfaction of the account except as stated in section F below.

- E. Bad Debts: Accounts classified as bad debts when any one or more of the following criteria are met.
1. The invoice is returned to us undeliverable after it is determined that the correct address was used or that no other address is available.
 2. Payments or arrangements to pay have not been received within one-hundred, twenty (120) days of the transport date.
 3. If a patient defaults on his/her agreement the account will be considered "bad" after thirty (30) days past due unless further arrangements are negotiated.
 4. If an account is being litigated, the District will hold the account up to one (1) year upon the written request of the patient's attorney before formal collections procedures commence. If after one year the litigation is still pending, the patient's attorney shall submit a written request to extend the account hold for up to an additional 12 months.

When delinquent accounts meet the criteria, it shall be turned over to a collection agency for further collection efforts.

- F. Write-Offs: Accounts are not written off without written approval from the Fire Chief or his designee. The approval will be routed through the Chief Administrative Officer before being presented to the Fire Chief for a decision. Write-offs will be reviewed each month during the reconciliation process to ensure write-offs have the appropriate documentation. The following exceptions to this rule:
1. The patient is deceased and has no estate. A copy of the death certificate is required.
 2. After all resources from insurance carriers are exhausted, accounts will be adjusted in accordance with the terms of an active FireMed agreement.
 3. The patient files bankruptcy. These cases will be handled on a case-by-case basis. The District may negotiate for a percent of the total account to satisfy the debt. This will require approval in writing by the Fire Chief.
 4. Amounts not legal for the District to collect as determined by Oregon or Federal law.
 5. Amounts less than ten dollars (\$10) where all reasonable attempts but not including turning the account to a collection agency for collection, to collect the account balance have been exhausted.
 6. Aid Call Rate amounts that meet the criteria as stated in the Charity Policy. This write-off requires approval in writing by the Fire Chief or designee.
- G. Overpayments: Overpayments greater than two dollars (\$2) shall be refunded as follows:
1. If the overpayment is created by one or more personal payments or insurance payments, the refund is to be issued to the last person or company making the payment.
 2. If it is clear that the overpayment belongs to an individual or company other than the guidelines set forth above, then common sense will prevail.
- H. Unusual Circumstances: Any situation requiring an account adjustment or evaluation regarding any aspect of the account not addressed above may be dealt with on a case-by-case basis by the Fire Chief or his designee.
- I. Employee Billing: Employees and volunteers will be billed as follows:
1. Employees and volunteers, including their immediate family (as defined in the FireMed agreement) will receive FireMed at no cost as a fringe benefit.
 2. All medical transports will be billed in accordance with ambulance billing procedures.
 3. Employees will be responsible for fees associated with transport that are not covered by FireMed.