

APPENDIX

A. Tax Refund Letter, Pre Correspondence

April 14, 2013

JOHN DOE
1500 S DOUGLASS RD
ANAHEIM, CA 92806-5949

Dear JOHN DOE,

We are writing in regard to the services that you or your family member recently received at TESTING FACILITY. Our aim is to be supportive in your efforts to manage your health and your financial well being.

You recently received our bill for services and we wanted to send some additional information about options available to you:

Many people plan on using this year's tax refund to pay their bill. You may want to consider doing the same.

ENROLL in a repayment program:

Call Customer Service at 1(800)346-0775.

- We offer interest-free repayment programs. This allows you to spread payments out over an extended period of time.

UNDERSTANDING your bill:

Call the Customer Care Center at 1(800)904-6871.

- If you need help understanding your bill, and how your balance was calculated, we'll be happy to explain it to you and answer any questions you may have.

ASSISTANCE paying your bill:

Call Medical Eligibility Counseling Service at 1(800)514-4637.

- If you need financial assistance we can help you apply for state or local government programs that may pay for some or all of your outstanding account.
- If you are disabled, unable to work, pregnant, under 18 or over 65 you may be eligible for Federal and State programs that may help pay for some or all of your account.
- If you lost your job we may be able to help with COBRA insurance coverage.

TESTING FACILITY is committed to serving our community with quality medical care and with support of our patients throughout their experience with us. Please call us.

Sincerely,

TESTING FACILITY

B. Tax Refund Invoice Letter

TESTING FACILITY
 PO BOX 12345 (Use mail address below)
 BIRMINGHAM, AL 35283-0913

CUSTOMER SERVICE 1(800)346-0775
MONDAY – FRIDAY 8:00AM – 5:00PM
OUTSIDE OF US&CANADA 1(866)827-4774

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 April 14, 2013

JOHN DOE
 Facility: TESTING FACILITY
 Patient Reference Number: 012345
 Date(s) of Service: 01/10/2011 – 01/11/2011
 Hospital Code: 059
 Message ID: TROI
 Payment Due Date: 02/02/2011

Account Summary
Amount Owed \$100.00

JOHN DOE
 1500 S DOUGLASS RD
 ANAHEIM, CA 92806-5949

IMPORTANT INFORMATION

Thank you for choosing our facility for your health care needs. We have been attempting to contact you about a remaining balance on your account. If you provided insurance information, all efforts to collect from them have been exhausted.

Pay your account faster, call this number and speak to a representative in our business office:
1(800)346-0775 (se habla Español).

**Many people plan on using this year's tax refund to pay their bill.
 You may want to consider doing the same.**

If you have additional insurance for this date of service, please call us at the number listed above or return a photocopy of the front and back of your insurance card along with the perforated payment slip in the return envelope.

As a courtesy, we will file a claim for you, but please note that insurance companies have filing deadlines which must be met in order for them to pay. If the deadline is missed, the balance is solely your responsibility. We do not file disputes nor do we hold accounts for disputes you may choose to file with your insurance company.

Continued on reverse....

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to TESTING FACILITY and include your patient reference number.
 April 14, 2013

JOHN DOE

Patient Reference Number: **012345**
 Date(s) of Service: **01/10/2011 – 01/11/2011**
 Payment Due Date: **02/02/2011**

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

€ MASTERCARD	€ DISCOVER	€ VISA	€ AMERICAN EXPRESS
CARD NUMBER		EXP. DATE (e.g. 11/09)	
CARDHOLDER SIGNATURE		SECURITY CODE (back of card)	
CARDHOLDER NAME (please print)		CARDHOLDER PHONE #	

AMOUNT AUTHORIZED / ENCLOSED \$ _____

DUE DATE
 02/02/2011

AMOUNT YOU OWE
 \$100.00

REMIT PAYMENT TO:

TESTING FACILITY
 PO BOX 66050
 ANAHEIM, CA 92816-6050

€ Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side

E. Statistical Results for Pilot Study 1

Tests of Between-Subjects Effects

Dependent Variable:Paid

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	26.824 ^a	1	26.824	221.452	.000
Intercept	128.643	1	128.643	1062.048	.000
Condition	26.824	1	26.824	221.452	.000
Error	554.278	4576	.121		
Total	683.000	4578			
Corrected Total	581.102	4577			

G. R Squared = .046 (Adjusted R Squared = .046)

Univariate Tests

Dependent Variable:Paid

	Sum of Squares	df	Mean Square	F	Sig.
Contrast	26.824	1	26.824	221.452	.000
Error	554.278	4576	.121		

The F tests the effect of Condition. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

Residuals Statistics ^a

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	\$64.0357	\$551.2808	\$265.2693	\$83.74652	4366
Residual	\$-549.84076	\$1.01685E4	\$48.80567	\$510.90077	657
Std. Predicted Value	-2.402	3.412	-.001	.999	4366
Std. Residual	-.978	18.084	.087	.909	657

a. Dependent Variable: Amount

LOGISTIC REGRESSION

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a Condition	1.202	.086	196.680	1	.000	3.328
Constant	-3.359	.130	668.110	1	.000	.035

G. Variable(s) entered on step 1: Condition.

F. Statistical Results for Pilot Study 2

Tests of Between-Subjects Effects

Dependent Variable: Amount

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	291001.540 ^a	2	145500.770	67.886	.000
Intercept	467674.051	1	467674.051	218.200	.000
Condition	291001.540	2	145500.770	67.886	.000
Error	12446292.102	5807	2143.326		
Total	13015374.412	5810			
Corrected Total	12737293.641	5809			

a. R Squared = .023 (Adjusted R Squared = .023)

Descriptive Statistics

Dependent Variable: Amount

Condition	Mean	Std. Deviation	N
control	4.6286	39.00790	4278
test	10.3644	55.04772	1439
Total	6.9183	46.82609	5810

Variables in the Equation

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a Amount	.150	.009	295.918	1	.000	1.162
Constant	-4.252	.113	1412.935	1	.000	.014

a. Variable(s) entered on step 1: Amount.

G. Example Study 2 Letter

Headings; Normative Cue 2

[INITIAL BILL: <\$1000]

IMPORTANT INFORMATION

Your Account

WE DO NOT HAVE YOUR HEALTH INSURANCE INFORMATION: If you have health insurance please call Customer Service at 1(800) 123 4567 or mail us a copy of the front and back of your insurance card.

In many cases we can help you file your health insurance claims.

IF YOU DO NOT HAVE MEDICAL INSURANCE: Please select a payment option from the list below.

We know that medical bills can cause financial strain. We can help you with advice and assistance to pay this account.

Payment Options

As a valued patient, we'd like you to know:

Most people owing this amount make a first time payment around \$115.00

PAY YOUR ACCOUNT NOW: Fill in the payment slip or call Customer Service at 1(800) 123 4567.

Please fill in the payment slip below with your credit card information or attach a check or money order.

For immediate payment call Customer Service at 1(800) 123 4567 with your credit card details.

PAY IN INTEREST-FREE INSTALLMENTS: Call Customer Service at 1(800) 123 4567.

You can pay installments by check or arrange to have the amount paid automatically from your bank account in weekly, bi-weekly or monthly payments.

GET ASSISTANCE IN PAYING YOUR ACCOUNT: Call Customer Service at 1(800) 123 4567.

- If you lost your job, we can help you with COBRA insurance coverage.
- If you need financial assistance, we can help you apply for state or local government programs that can pay for some or all of your outstanding account.
- If you are disabled, unable to work, pregnant, under 18 or over 65, you may be eligible for Federal and State programs that can help pay for some or all of your outstanding account.

Opt Out Letter



April 1, 2012

Jane Doe
123 Main St
Houston, TX 77777

Dear Ms. Doe:

Thank you for the payment you've made for services you received . We know times are difficult, and our community is no exception.

If you are like most Americans, paying your bills each month can be a struggle. So, we've decided to offer you some assistance to managing the remaining amount of your bill:

All patients receiving this letter are enrolled in Payment Plans to assist in repayment of their bill. Your first bill is due 30 days from today, monthly payments will not exceed 10% of today's balance, and will not be less than \$50. A bill will arrive each month until the balance is paid in full.

If you wish to **unenroll**, please call customer service at the number above.

Opt IN Letter

We hope this plan makes managing your bills easier each month. If you'd like to pay the bill in full sooner, you are free to do so. Please accept this offer as a way for us to continue our commitment to serving your community.

Sincerely,

Houston Northwest Medical Center



April 1, 2012

Jane Doe
123 Main St
Houston, TX 77777

Dear Ms. Doe:

Thank you for the payment you've made for services you received. We know times are difficult, and our community is no exception.

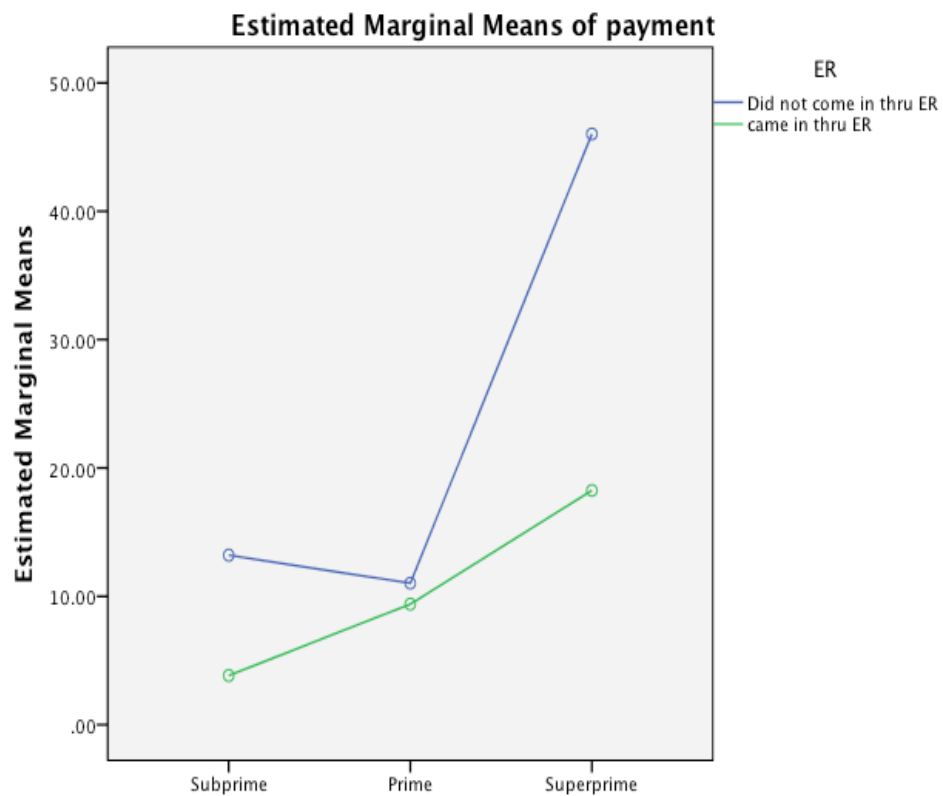
If you are like most Americans, paying your bills each month can be a struggle. So, we've decided to offer you some assistance managing the remaining amount of your bill:

All patients receiving this letter may be enrolled in Payment Plans to assist in repayment of their bill. Monthly payments will not exceed 10% of today's balance, and will not be less than \$50. A bill may be sent each month until the balance is paid in full.

If you wish to **enroll**, please call customer service at the number above

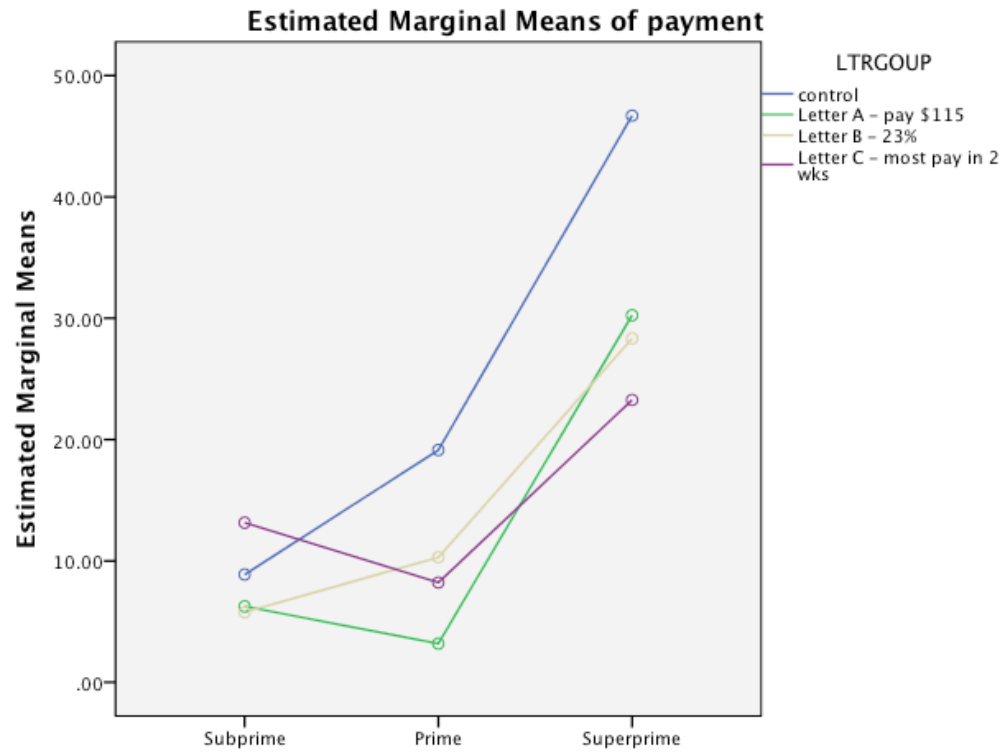
We hope this plan makes managing your bills easier each month. If you'd like to pay the bill in full sooner after enrolling, you are free to do so. Please accept this offer as a way for us to continue our commitment to serving your community.

Two-Way Interaction: Credit Score and ER Admit



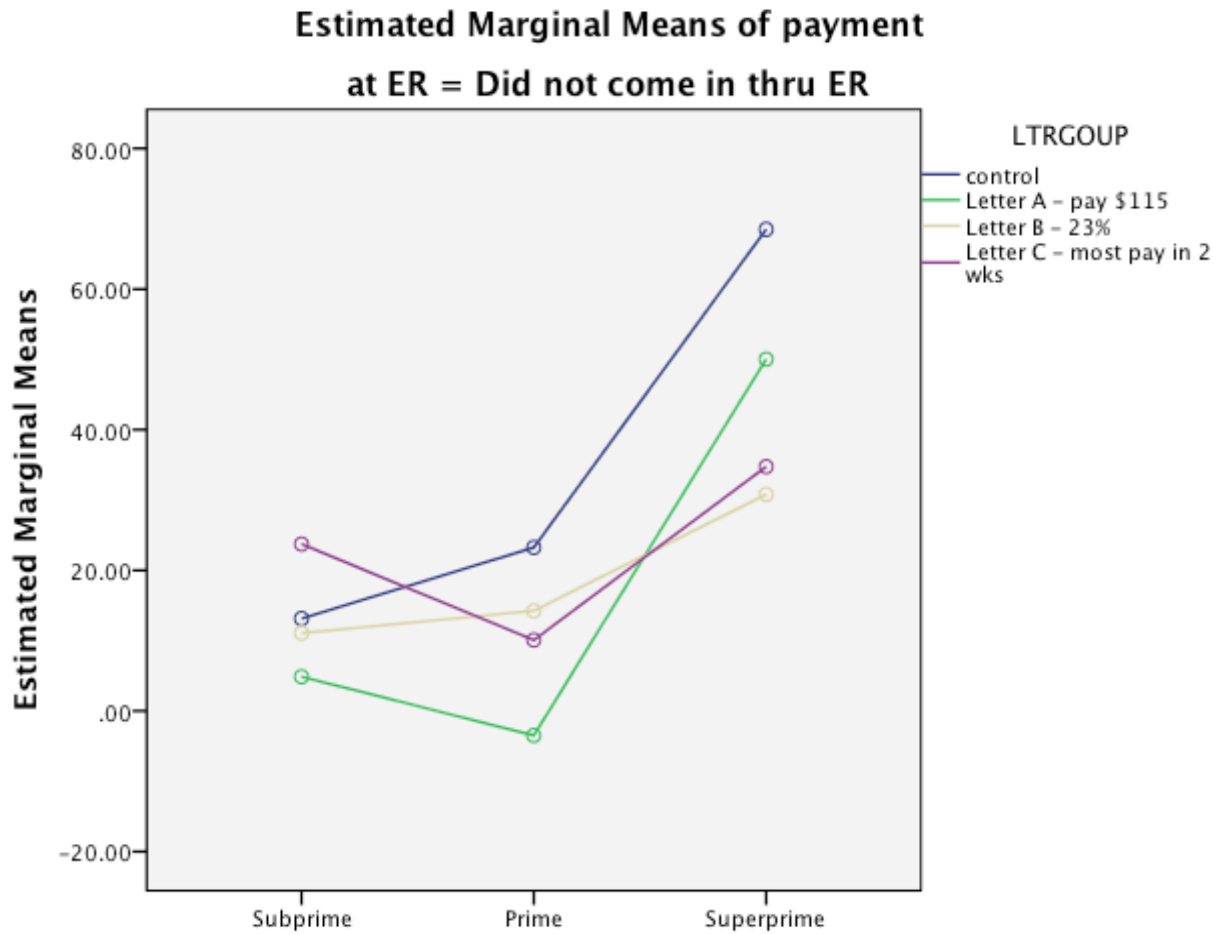
- $F(2, 56099)=9.97, p =.001 \eta^2= .006$.
- Not ER: (Subprime $M=13.21, SD=1.61$ vs. Prime $M=11.026, SD=3.57$ vs. Superprime $M=46.02, SD=3.5$)
- ER: (Subprime $M=3.83, SD=1.82$ vs. Prime $M=9.40, SD=2.40$ vs. Superprime $M=18.25, SD=2.72$).

Two-way interaction: Credit score and Letter groups



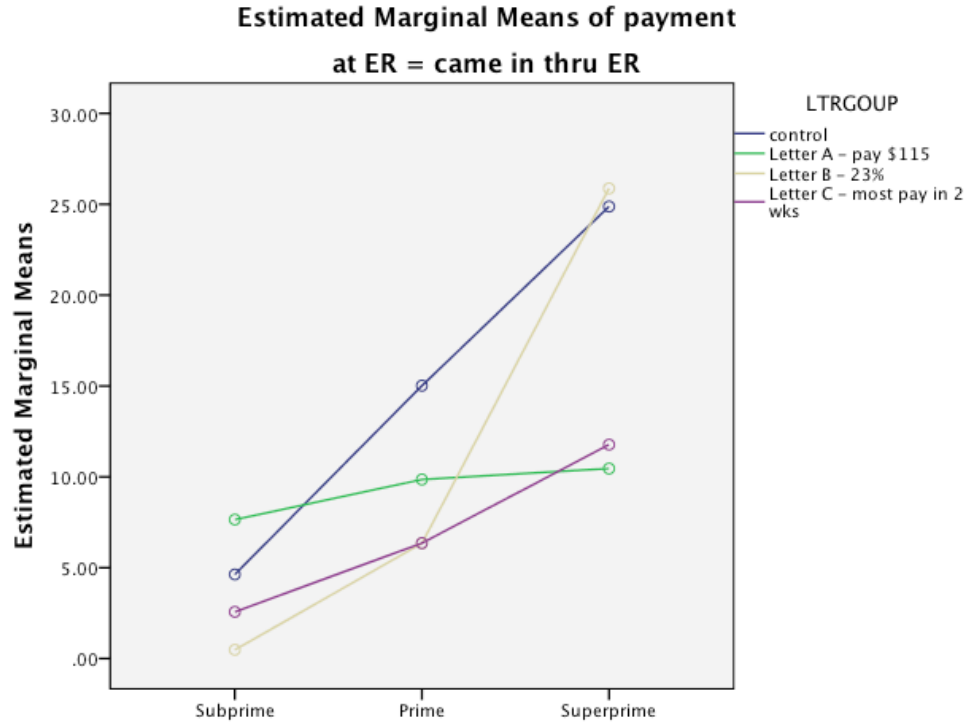
- $F(6, 56099) = 4.94, p = .001, \eta^2 = .006$.
- Simple effects revealed that Subprime patients receiving letter C ($M = 13.15, SD = 2.10$) paid more than control ($M = 8.88, SD = 1.22$).

Three-way interaction between ER and Letter Condition and Credit Score



- Subprime participants in a non-ER group receiving letter C (most pay in two weeks), participants paid a higher mean amount ($M = 23.74$, $SD = 3.50$ vs. control $M = 13.13$, $SD = 2.04$).

Three way interaction between ER and letter condition and credit score



- Subprime participants via ER responded most favorably to letter A (pay \$115) ($M = 7.65, SD = 2.25$ vs. control $M = 4.63, SD = 1.33$)

