The Moncton Hospital
135 MacBeath Ave.
Moncton, NB E1C 6Z8

March 5, 2026

[redacted]

Dear Kristen;

Right to Information and Protection of Privacy Act (the *RTIPPA*) Request #2026-004
Please provide data on the amount of write-offs from health services provided to patients who are not residents in Canada as well as the outstanding obligation. Please break out the data by year for these five fiscal years (2020-21 to 2024-25)

Please accept this letter in response to your request to access information under the *RTIPPA* which was received by Horizon Health Network (*Horizon*) on January 19, 2026.
Horizon's Regional Manager Accounts Receivable provided the attached document entitled *'Uncollected Funds'*.

You asked for "write-offs to be noted as well." The Finance Department has advised "There is no way to tease out the exact amount that is fully written off. The practice of writing off an account is outlined in the attached documented entitled "*Collections and Reminders"*. Accounts Receivable performs its due diligence and accounts deemed unrecoverable are put into Bad Debt and sent to our third-party collection agency. In addition, every month we review all accounts – anything older than 5 months (150 days) gets written off."

If you are not satisfied with this response, you may file a complaint with OmbudNB as per section 67(1)(a)(i) of the *RTIPPA* within 40 business days of receiving this response or refer the matter to a judge of the Court of Kings' Bench as per section 65(1)(a) of the *RTIPPA* within 40 business days of receiving this response.

Please feel free to contact me at rtippa-ldipvp@horizonnb.ca if you have any questions.

Sincerely,

Janice Melanson

Janice M. Melanson, BA, HIM, CIAPP
Access to Information Coordinator

Attachment
Uncollected Funds
Collections and Reminders

RÉSEAU DE SANTÉ Horizon HEALTH NETWORK	STANDARD OPERATING PRACTICE Financial Services - Accounts Receivable	
Statements and Collections		
Section: B/AR	**SOP No.: FIN-AR**	**Effective Date: Ongoing**

Purpose of this document is to standardise the statements and follow up procedures.

PROCESS

After the date of service, the patient or the guarantor will receive an invoice.

If the patient has not made payment arrangements or provided incomplete billing information, the patient will receive the following:

Day 0: Invoice

Day 18: Statement 1 with dunning message – Patient is called if NB health card is missing expiry date.

Day 38: Statement 2 with dunning message that account is past due.

Day 58: Statement 3 with dunning message that account remains unpaid and is overdue. Patient is normally called at this stage if not called on Day 18.

Day 78: Statement 4 Final notice

Day 88: If payment has not been received 10 days after final notice, accounts that haven't been resolved will be reviewed, and transferred into the Holding Account File for supervisor's approval.

Undeliverable Mail Process

When mail is returned as undeliverable:

Action:

Staff will call the number on file to confirm the correct address
Any updated information is documented and used to resend the communication

REF HHN -
2017(Oct)Decision tr

Collection Process

It is the responsibility of the Accounts Receivable department to collect monies owed to the Corporation. An overdue account is defined as an account with a balance owing and an age date of 31 days or more.

Accounts that fall under the following insurance categories will be followed up with the primary insurer before being transferred to either NB Medicare or Self Pay insurance.

- Out of Province
- WHSCC
- Federal
- Medicare
- Private Insurances

Overdue accounts can be identified using the account aging report, statement messages on printed statements (i.e. HOLD-CALL PATIENT), and account reconciliations.

An account is considered overdue after 30 days however for the purpose of this procedure overdue is considered in the range of over 45 days to 60 days.

Note: Accounts that have invalid/incomplete addresses or are out of country should be considered (fast tracked) immediately.

Invoices/Bills and statements are to be sent out on a predetermined schedule either manually or by the Meditech B/AR system. When an account is overdue, the following procedures are to be followed.

Self-Pay

Self-Pay

Insurance Group	Charges	Review	Action
Medicare	No charge for standard hospital fees. Radiology Charges are to be applied	Rejection of radiology charges	• Confirm Medicare Number • Corrections are sent back to Medicare. • Switch to Self -Pay – advise Patient Billing Clerk for appropriate hospital charges to be applied
Invalid/No Medicare Shown	Hospital Fee Schedule	Medicare system is checked to see if valid Medicare is on file	• Remove charges, or do not charge if valid Medicare. • Is considered a self- pay account • Bills over 60 days follow-up with client
Out Of Province	Hospital fee schedule	Submission of weekly claims Review of rejections	• If rejected, Confirm Medicare Numbers • Corrections are resubmitted. • Claims with a service date older than 6 months are to be transferred to bad debt collection agency OOPTKBCK and an adjustment procedure completed ADJ (Province Mnemonic) to adjust the account to zero. • Check for valid NB Medicare - switch to Medicare Insurance • No valid Medicare - Switch Account to Self-Pay • Claims over 60 days follow-up with Medicare
WHSCC	Hospital fee schedule	Submission of weekly claims Review of rejections	• Rejected claims – confirm Medicare # ; - Valid switch to Medicare Insurance, - - - Invalid switch to Self-Pay • Claims over 60 days old follow-up with WHSCC representative • Resend claim if required
Federal Agencies	Hospital fee schedule	Submission of Claim	• Rejected Claims – Confirm information • Validate for Medicare –switch to Medicare • No Medicare – switch to Self- pay • Claims over 60 days old follow-up with agency
Private Insurance	Hospital fee schedule	Submission of claim	• Unpaid claims over 30 days old follow-up with insurance • Unpaid claims after 45 days or rejected claims switch to Self-pay
Out of Country	Hospital fee schedule	Submission of Bill to client unless other arrangements have been agreed upon	• Unpaid balances over 45 days old – contact client or SDM
Medical Discharge	Hospital fee schedule	Submission of bills to client or SDM	• Unpaid balance of expired clients – bill to the 'Estate of' • Unpaid Balances of over 60 days; No payments made on account, call SDM
Self Pay	Hospital fee schedule	Submission of bill to client	• Unpaid balances of Expired Clients – bill 'The Estate of' • Unpaid balances over 45 days – contact client

Client Billing	Fees provided by departments	Submission of bill/statement to customer	• Unpaid balances over 45 days old contact customer • Unpaid balances over 60 days old – charges are reversed ** Note: there are some exceptions- accounts may be placed with collections

Balances left from any insurance categories not deemed as Self-Pay should fall to a Self-Pay category.

Any unpaid balance in the 'Self-Pay' categories continue to "Transferring Accounts to Bad Debt Collections".

Transferring Accounts to Bad Debt Collections

Accounts are deemed bad debt once all collection procedures have been attempted.

Only accounts deemed as Self-Pay (Patient) or Client accounts in Meditech are considered for the Bad Debt Collection procedure.

Procedure

If an account remains unpaid and staff have followed the guidance of the standard operating procedures; Collection Process, Managing the Aged Receivables Report, and the knowledge document Collection Calls then the following steps are to be taken.

1. On a monthly basis (or more frequently if required) the AR clerk will forward accounts deemed as uncollectable to their respective supervisor for review and approval.
2. Once reviewed and approved the supervisor will return the account to the respective AR clerk for processing or send report to external collection agency.
3. The AR clerk will, where appropriate, transfer the account to bad debt using the appropriate collection agency, write off the remaining balance, or in some cases reverse the charges (if ‘in year’).
4. The clerk will forward documentation of approved external bad debt accounts to the Collection agency via fax or by protected worksheet via email.
5. The clerk will note the date of filing on the account. If date of filing with the external collection agency is the same day as the accounts being transferred to Bad Debt, then this does not have to be done.

Use the following grid to determine which Bad Debt collection agency to use for patient accounts.

Collection Company	Mnemonic	Criteria	Actions
Medical Discharge	MEDDISCH	Unpaid Medical Discharge balances. Do not send to external Collection Agency	• Do not send to External Collection Company • Transfers account to MD BD • Using Adjustment journal for MDBD bring the account to a zero balance
Internal Bad Debt	INTERNAL	Unpaid balances on accounts where charge errors have occurred (past year) or not enough demographic information to pursue collections	• Do not send to External Collection Company • Transfer account to Internal Bad Debt • Using Adjustment journal for Internal bring account to a zero balance.
Eastern Collection Agency – No Valid Medicare (NVM)	EASTNVM	To be used for accounts where Medicare was invalid/expired. To be used for first occurrence (first account)	• Send account to Eastern Collections • Transfer account to Bad Debt ECA – NVM
Internal – No Valid Medicare (NVM)	INT NVM	To be used for subsequent accounts for a patient who already has an account placed with an external collection agency	• Do not send account to external collection agency. • Transfer account to Bad Debt – Int NVM
Eastern Collection Agency – Out of Country (OOC)	EASTOOC	Unpaid balances for accounts who are deemed as out of country	• Send account to Eastern Collection • Transfer account to Bad Debt – Eastern OOC
Eastern Collection Agency	EAST Areas 3 & 7 – EAST COL	Unpaid balances that do not fall into any of the criteria listed above	• Send account to Eastern Collections • Transfer account to Bad Debt -Eastern

Use the following grid for adjustment procedures for patient accounts.

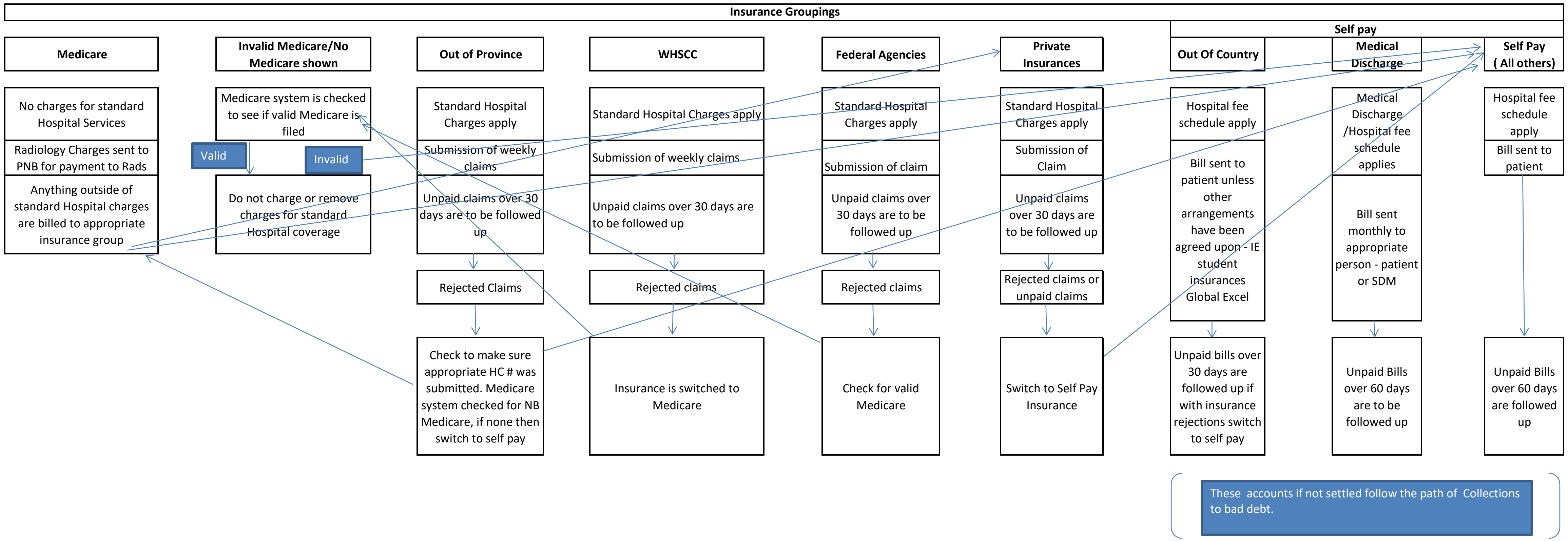
Adjustment Procedure	Mnemonic	Criteria	Notes
Adj. Bad Debt Medical Discharge	ABDMD	To be used to zero out balances related to Medical Discharge bad debts	To be done once the account has been transferred to Bad Debt status
Adj. Bad Debt Internal	ABDIN	To be used to zero out balances related to Internal Bad Debts	To be done once the account has been transferred to Bad Debt status
Adj. Bad Debt OOC	ABDOOC	To be used to zero out accounts related to out of country patients that have been deemed by Eastern Collection Agency to be uncollectable	To be done quarterly based on uncollectable report provided by Eastern Collections
Adj. Bad Debt NVM	ABDNVM	To be used to zero out accounts related to NVM accounts whether they are in the primary or secondary collection agency but deemed by Eastern Collection Agency as uncollectable	To be done quarterly based on uncollectable report provided by Eastern Collections

<u>Client Accounts:</u>

The Client menu does not offer the option to transfer an account to Bad Debt. For those client accounts that remain unpaid after 60 days the revenue is reversed back against the original department. Some accounts may be sent to collections.

2026-004

Billing Tree
Accounts Receivable



2026-004

Non-Residents of Canada ~ Uncollected Funds

FY 2020-21 to 2024-25 and March 1, 2025 to January 31, 2026

Year	Adjustment	SJ	MOH	FRED	MIR	Annual Total
2020-21	ABDOOC	144,431.64	145,473.89	276,929.71	12,184.50	**579,019.74**
2021-22	ABDOOC	81,664.90	571.52	23,886.68	3,135.11	**109,258.21**
2022-23	ABDOOC	121,038.54	219,517.10	163,851.72	94,246.48	**598,653.84**
2023-24	ABDOOC	747,536.76	444,741.40	642,086.54	142,205.11	**1,976,569.81**
2024-25	ABDOOC	624,576.84	21,707.52	296,172.36	9,294.84	**951,751.56**
2025-26	ABDOOC	636,736.55	389,590.60	82,498.72	24,557.67	**1,133,383.54**
	Facility Total	**2,355,985.23**	**1,221,602.03**	**1,485,425.73**	**285,623.71**	