

ADMINISTRATION

- Business Office

HEALTH CENTER

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BUSINESS OFFICE PROCEDURES

BILLING DEPARTMENT

POLICY:

The Center shall maintain The Billing Department for billing and collection. It will monitor such services so as to assure that billing and collection is processed according to accepted standards.

RESPONSIBILITY:

Administration is responsible for maintaining agreements for The Billing and Collection Department.

PROCEDURES:

- A. The Billing Department will be provided with appropriate information for processing all claims. Standards of practice will be an addendum to such contracts.
- B. Administration shall confirm with the Billing Department that Center employees are instructed in proper procedures for gathering necessary information.
- C. Administration shall monitor The Billing Department and initiate corrective action if proper standards are not maintained.

ACCOUNTS RECEIVABLE POLICY AND COLLECTION PROCEDURE**POLICY:**

The Center's normal policy is to require payment by cash, check, or credit card on the day of treatment. Insurance assignment is accepted for selected insurances.

Payment of less than the full amount owing is accepted based on the following general terms and conditions:

- A. Establishment of Prior Arrangements: Prior arrangements include assignment of insurance benefits to the Center, or an agreement in advance to a satisfactory, regular payment schedule/plan.
- B. When an assigned insurance claim is filed, all charges are to be remitted within 60 days from the date of incurment. Any charges for rendered services not covered by insurance are due upon receipt of a statement from the Center.
- C. If payment in full of the outstanding balance presents a hardship to a patient (See Hardship Criteria), the Center may offer a charity fee or agree to an extended payment plan. While special consideration may be given in the event of non-payment or in the event of partial payment by an insurance company, the remaining balance is the financial responsibility of the patient.
- D. Insurance forms will be completed and submitted, as a patient courtesy, by the Center with appropriate authorization from the patient. The Center does not accept the responsibility of collecting insurance benefits or of becoming involved in arbitration of disputed claims.
- E. Center is a contractual provider of Healthcare Services for Medicare/Medicaid. As such, the Center will accept payment from an agreed schedule as payment in full without recourse even though the payment may be less than the normal charges.
- F. Decisions regarding interpretation of or exceptions to the Accounts Receivable Policy are the responsibility of Administration.

PROCEDURES:**Pre-Admission**

At the time of scheduling surgery, the patient and/or responsible person(s) will be informed of the Financial Policy of the Center.

- A. Review Patient Registration Data form (prepare if not already provided) with patient for completeness and accuracy.

- B. Make copy of patient's insurance card(s), including secondary.
- C. Review chart for completeness for admission requirements (History and Physical, appropriate lab work, second opinion, and pre-certification if applicable).
- D. Review the insurance portion of the Patient Registration Data form and take the following action based on the patients insurance information:

- 1. COMMERCIAL INSURANCE

- a. Review patient's insurance information
 - b. Inform the patient that he/she is responsible for payment of all charges. The Center will file a claim with his/her insurance company.
 - c. Inform the patient that he/she is responsible for payment of any portion of the charges not paid by the insurance company (due to deductions, benefit exclusions, etc.)

- 2. SELF-PAY

- a. Review the Center Accounts Receivable Policy with the patient.
 - b. Inform the patient that full payment of account is expected at the time of service, unless prior arrangements are made.
 - c. You may be able to estimate the approximate total of the bill based upon the scheduled surgery.
 - d. Full payment is expected the day of surgery. The amount is based on the scheduled procedure.

COLLECTION PROCESS**POLICY:**

The collection process varies depending upon insurance and/or payment status of the patient.

PROCEDURES:**A. COMMERCIAL INSURANCE**

The Center accepts assignment of benefits from most insurance companies, but retains the right to collect patient deductibles and co-insurance.

First, prepare and file the proper insurance claim form(s). When payment is received from the insurance company, the amount is posted to the patient's account. Determine the remaining balance. If there is a remaining balance, and the patient has a secondary insurance coverage, claim preparation, filing, and posting of payments is repeated. If a balance remains after insurance payments are posted, refer to Item "D" below.

NOTE: In the event that no payment has been received from the patient's insurance company or communication indicating that payment is forthcoming from the insurance company within 45 days after filing the claim, a call will be made to the insurance company for payment status.

B. PROCEDURE FOR REMAINING BALANCE

If a balance remains after insurance payments, the patient is sent a statement for the remaining balance deductible and co-insurance.

C. PROCEDURE FOR DELINQUENT ACCOUNTS

A delinquent account is defined as any account without payment activity (or credit) for thirty days or the established payment due date, whichever is greater. The procedure for collection of delinquent accounts varies with account age, amount of the balance due and prior payment arrangements.

1. Full Balance to be Paid**30 Days Delinquent**

- A second statement is prepared.

60 Days Delinquent and No Response

- If the balance due is less than \$10, the account is closed and the balance posted to bad debt, no recourse.

- If the balance due is greater than \$10, the collection letter is sent.

90 Days Delinquent and No Response

- If the past due balance is less than \$25, a statement is prepared.
- If the balance exceeds \$25, contact the patient by telephone to establish a satisfactory payment schedule or plan.

120 Days Delinquent

- Accounts with balances due will be reviewed by Administration.

2. Periodic (Installment) Payment Schedule**30 Days Delinquent**

- A second statement is prepared, indicating two (2) months installments are due.
- Contact patient by telephone to establish that payment is due.

60 Days Delinquent

- If the balance due is less than \$10, the account is closed and the balance posted to bad debt, no recourse.
- If the balance due is greater than \$10, a letter is sent to the patient.

90 Days Delinquent and No Response

- If the past due balance is less than \$25, another statement is prepared.
- If the balance exceeds \$25, contact the patient by telephone to establish a satisfactory payment schedule.

120 Days Delinquent and No Response

- Accounts with balances due will be reviewed by Administration.

FINANCIAL POLICY

The Center's Policy requires payment in full or insurance assignment from all patients.

As a service to our patients, we will complete and submit all insurance forms for patients with prior authorization. However, we do not accept responsibility for collecting insurance benefits, or becoming involved with disputed claims.

The Center reserves the right to make payment arrangements for certain pre-arranged individual cases. These arrangements may include a completion of a Financial Statement, which will assist in establishing an installment payment schedule. This is a patient service only and is provided without interest or finance charge.

Each patient should be prepared at the time of admission for surgery with necessary insurance information and a plan to fulfill any person financial obligations.

ELIGIBILITY FOR CHARITY CARE**POLICY:**

This policy exists for unusual circumstances beyond the scope of the normal conditions for humanitarian / charity reasons.

Definition of Charity Care: Care provided by an ASC for which payment is not expected from the patient or a third party payer.

Household income less than 200% of Federal Poverty Limit – 100% discount

Household income between 201% - 600% of Federal Poverty Limit - 80% discount

Approval from Administration required to be eligible for charity care prior to the surgery.