



Chapter 7

Reception and Billing Practices

TELEPHONE GREETING

PURPOSE: To better serve the patient with an expedient and uniform telephone service

POLICY: The following guidelines will be consistently implemented.

PICK-UP STANDARDS

1. Primary responsibility for answering the phone will be given to the front desk appointment scheduler, who will field calls accordingly.
2. Secondary responsibility for answering the phone will be given to nurses.
3. The phone will be answered within three (3) rings.
4. No caller will be placed on hold until confirming that the situation is not an emergency.
5. No caller will be involuntarily placed on hold. Always ask permission to place a caller on hold.
6. The person who placed the caller on hold is responsible for making sure the caller was able to reach his/her party. If the caller is on hold for longer than 90 seconds, check back with him/her and ask if they would like to continue to hold or would prefer a call-back.
7. All calls requiring call-backs are to be
 - Recorded on message slips, or
 - Forwarded to the appropriate voicemail box (where system is available).
8. Calls requiring the nurse, Mid-level Practitioner, or Physician will have the patient chart pulled and delivered with the message.
9. All calls that are screened are reviewed at the end of the day to ensure everything has been handled. Have necessary reference materials handy (including message pad, appointment calendar, medical charts).



10. Phones are not to be off service and must be answered during all normal working hours of the Clinic, with the exception of lunch hours.*

*NOTE: Exceptions include management approved meetings.



TELEPHONE GREETING STANDARDS

1. Answer the phone with:

"Good morning (afternoon, evening), Clinton Regional Hospital Clinic.

This is _____. How may I assist you?"

2. Ask the caller's name and use his/her name at least once during the conversation.

3. Be courteous. Say "please" and "thank you" when appropriate.

4. Make sure the caller has obtained all the information requested before concluding the call.

5. Thank the caller for calling.



TELEPHONE COMMUNICATION

PURPOSE: The telephone remains an essential tool in the clinic, generally the first method of contact with patients and professional colleagues.

POLICY: Courteous professionalism must be maintained at all times when the telephone is used:

1. All employees of the Clinic shall provide consistent, efficient and courteous telephone communication service to all internal and external customers.
2. All personnel will adhere to the patient confidentiality policy regarding the release of confidential patient information via the telephone.
3. All new personnel will be informed of the Clinic's general telephone communication procedures as well as use of the specific site phone system.
4. Use of the Clinic phone system for personal use should be limited to emergency use only.
5. Calls should be made or received away from patient care areas. Misuse of work phones for personal use may be grounds for progressive, corrective disciplinary action.

TELEPHONE COMMUNICATION PROCEDURES

It is the responsibility of the manager to ensure that the following established general Telephone Communication Procedures are followed at all times.

1. **Answering Time:** All internal and external telephone calls should be answered between the first and fourth ring. No major entry telephones shall be left unattended during working hours.
2. **Identification:** The person answering the call will always identify the Clinic site and give his/her name. For example, "(XYZ Clinic), this is Elizabeth, may I help you?"
3. **Courtesy/Voice:** Helpful, pleasant tone of voice will be used at all times. The caller's last name and title will be used whenever possible (unless requested otherwise by the patient), for example, "Mr. Jones." All conversations will be completed on a positive, professional note.



TELEPHONE COMMUNICATION PROCEDURES CONTINUED

4. Information: Careful, attentive listening to caller's needs is required. Information given or received will always be verified with the caller by repeating or asking appropriate questions. When taking messages, the following will be included:

- Whom the call was for.
- Name of the caller (spelling verified).
- Day and time of the call.
- Telephone number or extension of the caller.
- The message itself.
- Whether the caller wants the call returned or will repeat the call later.
- All messages to be returned will be initialed and delivered as soon as possible (sick/emergency immediately; non-urgent within % hour).

5. Waiting Intervals: The caller will always be asked permission to hold the call or to be called back. All calls will be put "on hold" after receiving a response from the caller, never just by putting the receiver down. Callers on hold will be "returned to" no later than every 90 seconds, informed of the progress and given the opportunity to decide if they wish to continue holding; i.e., "It will take another minute or so more. Do you care to wait or shall I call you back?"

6. Transfers: Persons answering the call will always explain the need to transfer and ask permission. The new extension/phone number will be provided in case of disconnection and for the caller's future reference. Special attention will be given to inappropriately transferred calls. Before another transfer is made, the person answering the call will make certain that this time the caller will be connected to the appropriate party or will receive needed information; i.e., "I am going to connect you with Mary Jones. I am sure that she will be able to answer your questions more fully."

7. Screening: On occasions when screening of calls is required (i.e. when the call is for the physician) callers will be asked his/her name and, if appropriate, the nature of the call.



TELEPHONE COMMUNICATION PROCEDURES CONTINUED

After screening, the name of the caller will be given to the person for whom the screening was done; i.e., "May I say who is calling please and convey the nature of your call?"

8. Telephone Calls Of A Sensitive Nature:

a. In all situations, the person answering the call will listen carefully, not interrupt, argue or contradict. Let the caller know that his/her feelings are understood. The caller will always be thanked for bringing the problem to the Clinic's attention; i.e., "I understand your feelings. I am very sorry that this situation upset you. I will investigate this immediately and call you back this afternoon."

b. If the problem is identified as beyond the employee's capability to handle, the caller should be informed that the Office Coordinator will be advised and will contact the caller within a specific time period. The Office Coordinator assumes responsibility for resolving the issue by contacting the appropriate persons or departments.

c. Managers/Supervisors should be notified immediately of the problem presented by the caller.

9. Abusive Callers: A caller using abusive language will be told that to be helped or responded to, he/she must stop using such language. If the caller continues, he/she will be told that the person answering the call will have to terminate the conversation. If the caller still continues, the person answering the call will hang up the receiver and document the encounter; i.e., "I am sorry, I do want to help you, but I cannot listen to your abusive language. I will have to end our conversation."

10. Placing A Telephone Call: When placing a call outside the Clinic, callers will give their name and Clinic location as often as possible, i.e., "Hello, Ms. Warren, this is Elizabeth from the Clinic."

11. Out Of Office Recorded Messages: Any time the clinic is closed, and the phones will not be answered, the answering machine should be turned on with a greeting that identifies:

a. Name of the office that has been reached.



TELEPHONE COMMUNICATION PROCEDURES CONTINUED

- b. The fact that you are unable to take the call, and the reason. Examples: it is after hours; the office is closed for (a holiday), etc.
- c. Regular office hours, including when the office may be closed for lunch.
- d. When the office will reopen, in the case of a holiday.
- e. Instructions for what to do in the case of an emergency.
- f. Thank you for calling.

12. Voice Mail: If applicable, all voice mail greetings should be established to give callers confidence that they will receive the service needed. Voice mail greetings must be updated routinely to reflect current work schedules. Let callers know when someone will be returning their calls; or give them the option to page; or tell them how to reach a co-worker who is taking calls during an absence. Employees should answer calls when at their desks. Routinely screening calls is never proper business etiquette.

13. Call Forwarding/Use of Voice Mail: Where applicable, and as necessary, calls may be forwarded to another location/person, or the "voice mail box" system may be used. Upon return, all of the messages shall be obtained as soon as possible and responded to, as appropriate. It is the Office Coordinator's responsibility to assure that if the person to whom the voice mail is transferred is absent from the workstation, another employee personally answers this phone daily.

14. Communication With Non- or Limited-English-Speaking Callers: In the case of calls from non- or limited English-speaking callers where the person taking the call cannot determine the nature of the problem, the call should be referred to the Office Coordinator who should use good judgment to resolve the issue. If the problem is an emergency, then the person should be referred to the Emergency Room.

COMMUNICATION WITH DEAF/HARD OF HEARING CALLER The Telecommunication Device for the Deaf (TDD) is not available in the Clinic. TDD is available at Clinton Regional Hospital.



TELEPHONE INQUIRIES

PURPOSE: Routing telephone inquiries to the person/s best qualified to respond.

POLICY: It is the policy of Clinton Regional Hospital Clinic to distribute the following types of inquiries to the identified persons or departments.

TELEPHONE ROUTINE

1. Be professional and courteous.
2. **Do not practice medicine with callers;** refer clinical questions to the Nurse.
3. Transfer urgent problems to the Nurse.
4. Scheduling difficulties and unexpected visits should be handled in consultation with the Medical Practice Manager.
5. Obtain sufficient information about the caller's problem(s).
6. Refer irate callers to the Medical Practice Manager.
7. Calls from hospital nurses, departments (i.e., lab, x-ray) and consulting services should be routed through the Nurse or Physician if appropriate.
8. When scheduling referrals to another physician, give as much information as possible and state the degree of urgency for the appointment. Ask to be notified if the patient fails to show for the appointment.
9. Insurance companies should be referred to Clinic Coordinator.
10. Never discuss patient's medical problems without an authorized release
11. Enter date, time, name of person calling and the purpose in the Patient's chart.
12. Refer attorney inquiries to the Provider and/or Medical Practice Manager.



COMMUNICATIONS

- Personalized contact should demonstrate warmth, individualized attention.
- Explain office schedule delays to patients; offer an opportunity to reschedule if that is more convenient to the patient.
- Respond to patients quickly.
- Alert the Patient's Provider and Medical Practice Manager about disgruntled/hostile patients.
- Beware of excessive familiarity; keep communications on a professional level
- Encourage patients to write down questions for the provider; written instructions are more effective.

PROCEDURE FOR COMMUNICATION WITH LIMITED ENGLISH PROFICIENT (LEP)

Clinton Regional Hospital Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of Clinton Regional Hospital Clinic is to ensure meaningful communication with LEP patients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.



Clinton Regional Hospital Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

Clinton Regional Hospital Clinic will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

CyraCom has agreed to provide qualified interpreter services. The agency's telephone number is **1-800-481-3293**, **Client ID #501037529**, **PIN 9683** and the hours of availability are 24 hours a day, 7 days a week. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING NOTICE TO LEP PERSONS

Clinton Regional Hospital Clinic will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand.



PROCEDURES FOR COMMUNICATING INFORMATION TO PERSONS WITH SENSORY IMPAIRMENTS

The Clinic will take such steps as necessary to ensure that qualified handicapped persons, including those with sensory or speaking skills, receive effective notice concerning benefits or services or written material concerning waivers or rights or consent to treatment.

Written information will be provided to hearing-impaired persons as practical.

For persons with speech impairments, written materials are available in order to facilitate communication of information concerning program services and benefits, waivers of rights, and consent to treatment forms.

For persons with visual impairments, the Clinic staff will communicate the content of written materials concerning benefits, services, waivers of rights, and consent to treatment forms by reading them out loud to visually impaired persons.

For persons with manual/physical impairments, the Clinic staff will assist anyone requiring help in any way. A wheelchair is available upon request. The special parking space and international symbols of access are in place.

Any patient who is in need of assistance within the facility and facility grounds will be provided assistance by appropriate staff.



APPOINTMENT SCHEDULING FOR ESTABLISHED AND NEW PATIENTS

PURPOSE: Scheduling of appointments for established and new patients.

POLICY: An appointment may be scheduled either by telephone or in person by Clinic staff.

PROCEDURES: The following information is essential in appointment scheduling:

1. Patient Name.
2. Telephone Number(s) (2 phone numbers if available).
3. Reason for Visit.
4. Date of Birth.
5. Insurance Coverage.

Clinic Staff will schedule appointments using the computer-based software system Athena, assigning a date and time for each appointment.

MINI-REGISTRATION/LIMITED REGISTRATION

At the time of scheduling, a mini-registration will be performed by telephone for all new patients and limited registration information will be verified for established patients who have not been in the office within the past 30 days.

Clinic staff will review the appointment details with the patient prior to ending a call or the patient's leaving the office. If patient is present, Clinic staff will complete and present an appointment card to patient prior to the patient leaving the clinic.

Before ending the call, patients should be asked to be prepared to pay any outstanding patient balances, if any exist, at the next appointment along with applicable co-pays or deductibles.



REQUIRED INFORMATION AT TIME OF APPOINTMENT SCHEDULING

PURPOSE: It is essential that completed information be obtained from each patient at the time the appointment is scheduled.

POLICY: The following information should be collected at the time of appointment scheduling:

PROCEDURES:

1. Collect the following information:

- a. Patient's name and phone number(s) (2 if available).
- b. Status: if the patient is new, indicate this in the appointment scheduler.
- c. Who referred him/her to the Clinic?
- d. Type of complaint.
- e. Type of insurance and insurance number.
- f. The date and time of appointment.
- g. Any tests performed recently related to the problem identified.
- h. Mandatory fields in the electronic record must be completed for correct patient registration.

4 Advise the patient of the billing and collection policy.



APPOINTMENT REMINDER CALLS

PURPOSE: To remind patients of scheduled appointments, avoiding missed appointments.

POLICY: Automated patient reminder calls will be made forty-eight (48) hours prior to the scheduled appointment and confirmation will be noted in appointment scheduler. Patients will also be reminded to bring their insurance card and co-payment.



APPOINTMENT NO-SHOWS

PURPOSE: Handling patients who fail to appear for a scheduled appointment.

POLICY: Patients who fail to present for a scheduled appointment without contacting the Clinic within 24 hours to cancel the appointment will be considered a "no-show." Patients who consistently fail to present themselves for scheduled appointments will be considered a chronic "no-show" and subject to dismissal from the practice.

PROCEDURES:

1. Patients will be notified of the no-show policy at the time of initial registration.
2. Patients shall be contacted either by phone or mail (dependent upon the urgency of condition) in attempt to reschedule.
3. All correspondence should be documented in the patient's medical record.

MISSED APPOINTMENTS

Patients who fail to show for a scheduled appointment, which may adversely affect the outcome of their illness, will be contacted via telephone, regular mail, and certified mail with return receipt requested, as necessary, to inform them of the importance of their follow-up visit.

All communications sent will be placed in the medical record (copy of letter or documentation of the phone call made)



FOLLOW-UP APPOINTMENTS

PURPOSE: Scheduling of follow-up appointments.

POLICY: Follow-up appointments, where required, will be scheduled at check-out, before the patient leaves.

PROCEDURES:

1. Physician/Practitioner indicates on the encounter form the time and nature of any follow-up appointments for the patient.
2. When the patient surrenders his/her encounter form to the check-out personnel, the follow-up appointment should be made at that time unless the patient refuses. This is for patient and Clinic convenience, reduction of incoming phone calls, and mitigation of legal responsibility.
3. The patient should be given a card indicating the date and time of the next appointment.



WALK-INS

PURPOSE: All of our appointments are walk in.

POLICY: It is the policy of Clinton Regional Hospital that patients walking in to the office with no appointment should be handled in the most appropriate manner.

PROCEDURES: Patients walking in to the office with no appointment should be handled in the following way:

1. Ask the patient to explain his/her problem/condition. If the problem/condition is an emergency, contact the clinical team immediately for assistance. As appropriate, the team may instruct the patient to proceed to the nearest emergency department.
2. If not an emergency, indicate to the patient that the Clinic accepts walk-in clients and will be happy to assist them as soon as possible.
3. Register the patient.
4. Schedule the patient as a walk-in.
5. Ask the patient to be seated, indicating to the patient that there may be a wait.
6. Inform the nurse, practitioner, or physician that there is a walk-in patient to be seen.
7. Prepare the patient's chart and work in the patient as soon as the schedule permits.



WAITING TIME

PURPOSE: To define the allowable waiting time for an appointment and procedures for keeping the patient informed.

POLICY: It is the policy of Clinton Regional Hospital to limit the amount of time a patient waits at the Clinic office for an appointment and to keep the patient informed of any prolonged delays.

PROCEDURES:

1. The targeted amount of time between the time of a scheduled appointment and when the patient sees a provider will be less than 20 minutes
2. If the patient is kept waiting more than 20 minutes, he/she will be approached directly and provided the reason for the delay.
3. If an emergency or unplanned event causes the Physician or Practitioner to be delayed getting to clinic, all staff members (nursing and front office) will be informed immediately and provided with the information regarding the delay, including the time when the provider is expected. The nurse teamed with the provider for that clinic will approach each patient to inform them of the delay. Patients will be given the option of waiting or rescheduling. If they choose to reschedule, the front office will assist them immediately in rescheduling the appointment.
4. If there are patients who are scheduled during the period of the physician's/practitioner's delay but have not yet arrived at the Clinic, these patients will be contacted immediately to inform them of the delay and reschedule their appointments.



NEW PATIENT CHECK-IN

New patients will check-in at the front desk prior to being seen by the provider in order to complete the registration process. Complete demographic and insurance information, as well as insurance verification, will be collected or verified prior to the patient being seen by the Provider.

PROCEDURES:

1. New patients will be asked to complete a New Patient Registration Form. The most current signed Patient Registration Form or Face Sheet will be filed in the patient's medical record, behind the appropriate tab.
2. Clinic staff will ensure that all demographic and insurance data have been provided prior to the patient being seen by the provider to ensure that the billing office will have all necessary information.
3. New Patients will be asked to provide a valid insurance card and/or identification at the time of the scheduled appointment. A photocopy of the front and back of each will be made and maintained in the patient's medical record.
4. Patients with insufficient insurance information at the time of service will be registered as "patient responsible" for charges incurred.
5. Clinic staff will place a Charge Slip/Encounter Form after the registration information has been collected.
6. The Charge Slip/Encounter Form will be attached to the patient chart and forwarded to the appropriate staff for treatment.



ESTABLISHED PATIENT CHECK-IN

PURPOSE: Checking in patients who are already established in the system and who have been seen before by the Provider.

POLICY: Established patients will check in at the front desk prior to being seen by the Provider in order to verify the registration information on file.

PROCEDURES:

1. Staff should review the information on the patient's face sheet to confirm all necessary information upon each visit.
2. Staff will note any changes to demographic and insurance information in the EMR. The most current Face Sheet will be filed in the patient's medical record, behind the appropriate tab.
3. Patients with insufficient insurance information at the time of service will be registered and billed as "Patient Responsible" and/or "Self-Pay" for charges incurred.
4. A Charge Slip/Encounter Form will be attached to the patient chart and forwarded to the appropriate staff for processing.



PATIENT CHECK-OUT

PURPOSE: Procedures for checking patients out after they have been treated.

POLICY: After the provider has seen the patient, the provider will indicate the services provided and the appropriate co-payment, and/or deductibles or other money will be collected and a receipt provided to the patient.

PROCEDURES:

1. All patients and their completed Charge Slip/Encounter Forms will be directed to the check-out desk after being seen by the Provider.
2. Provider should sign the Charge Slip/Encounter indicating services provided and diagnoses, accurately coded to level of severity. The Clinic Coordinator then documents the charges for the visit on the Charge Slip/Encounter Form.
3. Clinic will then enter this information in for coding and billing.
4. Clinic staff will ask the patient for any money due for the day's services, co-pays, and/or deductibles.
5. Any payments received will be indicated on the Charge Slip/Encounter Form as paid at check-out.
6. Clinic staff will schedule follow-up appointments as appropriate.
7. A receipt will be provided to the patient summarizing the day's activity



PATIENT ACCOUNT ASSIGNMENT

PURPOSE: To link patient record information through a unique identifying number.

POLICY: The patient billing system has been designed so that each patient will be assigned an account number for all financial activity. All patient activity shall be entered in the assigned patient account.

PROCEDURES:

1. Each patient will be assigned an individual account number for billing through Athena.
2. The guarantor of each patient will receive a separate statement of activity for each patient seen at the clinic site.



ASSIGNMENT OF BENEFITS

PURPOSE: Assure that all patients sign an Assignment of Benefits statement.

POLICY: It is the policy of Clinton Regional Hospital Clinic that all patients will be presented with an Assignment of Benefits statement for their signature.

ASSIGNMENT OF BENEFITS STATEMENT

The following statement will be integrated into the Registration form and completed by patients presenting for their appointments.

Assignment of Benefits:

*I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to Clinton Regional Hospital who accepts assignment.

Signature: _____



INSURANCE WAIVER STATEMENTS

It is the policy of Clinton Regional Hospital Clinic that proof of insurance should be provided upon registration for all appointments. If proof of insurance is not available, the patient will be informed that coverage cannot be confirmed and that he/she is responsible for the payment for the payment of the services to be rendered at time of service.

INSURANCE COVERAGE WAIVER

All patients presenting without insurance coverage will be informed of their payment responsibility and given an Insurance Coverage Waiver to sign. If the patient refuses to sign the waiver, ask the patient if he/she would like to reschedule the appointment or to contact his/her insurance company to have proof of coverage faxed to the clinic. If the patient does not cooperate, contact the Clinic Practice Manager.

SAMPLE INSURANCE COVERAGE WAIVER STATEMENT:

I _____ do not wish for services received to be billed to my insurance company, and in so electing I agree to pay all fees associated with any office visits at the time of service.

INSURANCE WAIVER OF LIABILITY

All patients undergoing services believed to not be covered by their insurance carrier must be informed and then asked to sign an Insurance Waiver of Liability stating that the patient agrees to assume responsibility for payment of the services should the insurance carrier deny payment.

SAMPLE INSURANCE WAIVER OF LIABILITY STATEMENT:

I _____ have been notified that my insurer may deny payment for the service identified above. If the insurer denies payment, I agree to be personally and fully responsible for payment.



PAYMENT

PURPOSE: To ensure that payment is received for services rendered.

POLICY: The Clinic requests payment at the time of service.

PROCEDURES:

1. For Clinic patients:

a. If the patient is covered by an insurance plan in which the Clinic participates, the plan co-pay is to be collected at time of service.

b. If the patient is self-pay, 100% of payment is required unless other payment arrangements have been made for that day's services.

c. If the patient is covered by a plan in which the clinic does not participate, 100% of that day's services is due at the time of service, and the encounter form will be provided to the patient so the patient may bill his/her insurance carrier. Clinton Regional Hospital Clinic does not provide courtesy billing of non-participating insurance carriers and secondary insurance.

2. If a patient is being seen for an employer-authorized work-related injury, the clinic will bill Workers' Compensation directly. If the employer's verification of injury cannot be obtained, patient will be told that he/she may be ultimately responsible for payment and private patient billing information is obtained.

3. If patient is employed by a company that has established an account with the Clinic and the employer has authorized the visit, the clinic will follow the billing arrangement established with the employer. Authorization can be written on the standard Clinic Authorization form or by phone. Phone authorization must be documented in writing by the Clinic staff on the authorization form. The authorization form is placed in the back of the medical chart.

4. Medicare and Medicaid assignment is accepted and the clinic will bill directly for services. In many instances, patients will be required to make a payment of deductible or co-insurance after Medicare or Medicaid has paid for the service.



SLIDING FEE SCHEDULE AND POLICY

PURPOSE: To make comprehensive primary care services available and accessible to uninsured and underinsured patients by establishing fees that are affordable to them and in accordance with federal regulations.

POLICY: A Sliding Fee Discount Program will be provided to eligible individuals on the basis of their ability to pay.

RESPONSIBILITY: Patient Services Representatives and Business Office Manager

PROCEDURE:

1. As part of the registration process, the Patient Service Representative [PSR] will determine whether the applicant is covered under a health insurance plan. If the applicant is uninsured, he/she will be informed of the availability of the Sliding Fee Discount and explain the paperwork needed to complete the application.



ACCOUNT ACTIVITY INQUIRIES

PURPOSE: Answering telephone inquiries on patient accounts.

POLICY: Telephone inquiries regarding patients' financial accounts shall be directed to the Clinic Coordinator. The Clinic Coordinator will investigate and discuss the inquiry with an account analyst.

DEMOGRAPHIC AND INSURANCE CHANGES

Routine inquiries for the purposes of updating demographic information or to update insurance are handled as follows:

1. If the patient is just calling to provide an update to demographic information, the person taking the call can register that information.
2. For insurance changes, the caller must be directed to the Clinic Coordinator or appropriate staff.
3. When demographic changes are provided, the receptionist must note these demographic changes in the patient's medical record.
4. If applicable, all patient financial inquiries will be recorded in the notes section of the patient's electronic account. All notes will be currently dated.



WRITTEN ACCOUNT INQUIRIES

PURPOSE: Handling written account inquiries.

POLICY: Written correspondence from patients will be directed to the Clinic Coordinator for expedient follow-up and resolution.

PROCEDURES:

1. All written correspondence regarding patients' financial affairs should be routed through the Clinic Coordinator, who will forward the missive to the Clinic Practice Manager if outside his/her scope of authority.
2. If necessary, written inquiries will be copied and sent to PPSI/Athena. The copy will be kept as documentation in the "Notes" section of the patient's account, along with the date and name of person sending to for follow-up.



FINANCIAL CLOSINGS

PURPOSE: Completion of routine financial closings.

POLICY: Clinic Coordinator will be responsible for initiation and completion of the end-of-day, month, and year closings.