

TITLE: Patient Payment at Time of Service**NUMBER:** ADMIN-FN-10

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ORIGINATOR: Administrator of Revenue Cycle**POLICY APPLIES TO:** Entire Institution**APPROVED BY:**

Chief Executive Officer: _____ DATE: _____

REVISION DATE: 07/14/2015

Chief Financial Officer: _____ DATE: _____

EFFECTIVE DATE: February 2014**POLICY REFERENCE:****PRC APPROVAL DATE:** 06/19/2015**POLICY**

Cheyenne Regional Medical Center (CRMC) and Cheyenne Regional Medical Group (CRMG) will collect appropriate co-payment, co-insurance amount, or a “deposit toward services” amount at the point of service, with the exception being a medical emergency situation.

Patients are to be advised of the amount needed when a visit is scheduled, or as much in advance of a scheduled visit as possible.

CRMC and CRMG staffs have the responsibility to ensure that payments made are processed timely and accurately, following established cash handling procedures.

The Clinic/Practice Manager, Department Director and/or Department Manger have the overall responsibility for ensuring that payments collected at time of service are processed according to established procedure, and for ensuring staff is communicating the payment requirement at the time the visit is scheduled.

PROCEDURE**A. Scheduling**

1. When scheduling a patient visit, all insurance information is to be obtained and confirmed. During the confirmation of insurance, any co-payment or co-insurance amount is to be determined and communicated to the patient.
 - a. Patient/Responsible Party is to be advised that payment for services is expected at the time of check in for the appointment, and the amount communicated to the responsible party
 - i. This applies whether patient has insurance coverage, or is self-pay
2. A picture ID is to be provided at the point of check-in (see FAQ document)
3. If a patient is not insured, then the minimum amount due at the time of service is:
 - a. New patient = \$180
 - b. Existing patient or follow-up visit = \$120
 - c. If requested and necessary for patient care continuity, recent postsurgical patients that are in the timeframe of receiving follow-up care are exempt from the minimum time of service payment requirement.

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- d. A greater amount may be required for self-pay patients being seen in specialty service areas, but should not exceed the cost of the highest visit level charge for the location, less 20%.

4. If a patient is unable to provide insurance information for staff to verify upon arrival for an appointment, the account will be marked as self-pay. The guarantor will be financially responsible and billed for the encounter.

B. Point of Service

1. When the patient presents for a scheduled appointment, all demographic and insurance information will be re-verified.
2. The appropriate co-payment, co-insurance, or deposit amount is to be requested at check in.
3. If the patient is not able to pay the required amount for the visit :
 - a. Non-emergent patients are to be re-scheduled for a future date and advised that the amount required must be paid at the time of service in order to be seen
 - b. Information regarding available financial assistance through CRMC is to be provided to the patient.
 - c. Information regarding alternative care sites offering reduced fee schedules is to be provided to the patient
4. The patient physician is to be consulted prior to turning away an established patient to ensure that any potential medical complication is identified and the physician is given the opportunity to treat the patient regardless of ability to pay.

C. Prompt Pay and Other Discounts

1. All self-pay patients will receive an automatic 20% discount.
2. All self-pay patients are eligible for the following prompt pay discounts.
 - a. Supplemental 15% discount for payment for payment in full that is received within 15 days of billing date (date of first patient statement).

D. Check Out

1. As the patient checks out, any additional information that may have been discovered to be needed should be requested from the patient.
2. Self-pay patients should be reminded that the amount paid upon check-in was a deposit toward services amount, and that they will receive a bill for any remaining amounts due.

References: Cash Handling Policy
FAQ document attached

FAQ's for Upfront Collections

Is there a policy for the collection of payment at the point of service for both CRMC and CRPG?

Yes, a policy was recently approved by the Board of Director, and will be published soon.

Who is responsible for collecting the patient co-payment, co-insurance, or deposit amount?

The front desk clerical staff is responsible for the point of service (POS) collections.

Why do we require a photo ID from the patient?

1. It is important to have proper identification of the patient at the point of registration.
 - a. This reduces instances of mis-identification, and minimizes the creation of duplicate records
 - b. Correct identification of patients is critical for safe patient care
 - c. Proper identification ensures a match between the insurance information that is provided

What if the patient is a baby or child, and does not have any ID?

1. The identification of the guarantor/parent will be used to verify that an appropriate person is presenting the child for medical treatment.

What if the patient/guarantor does not have the money to pay the amount due?

1. Patients that are experiencing a true medical emergency should be directed to the Emergency Department, where they will be seen regardless of ability to pay
2. Patients that are presenting without a scheduled appointment should be advised they will need to schedule for a date and time when they have the ability to make payment
3. Patients that are presenting for a scheduled procedure should be advised they will need to be rescheduled for a date and time when they have the ability to make payment

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Who tells the patient they cannot be seen until they can pay the co-payment, co-insurance, or deposit amount that is due?

1. Until our patients become accustomed to this practice, your immediate supervisor should have this conversation with the patient in a private area.
2. If your supervisor is not available to have this conversation, you should contact the available manager on duty for assistance

What is the difference between co-pay and co-insurance and deposit?

1. Co-pay is a flat amount due from the patient at each visit. The amount is determined by the patient's insurer, insurance type (for example, HMO) and insurance plan.
2. Co-insurance is usually a % of charges amount that is due from the patient. This is also based on the patient's insurance type and insurance plan. The amount of the co-insurance is usually not known until after all charges have been calculated, but can be estimated.
3. Deposit is the minimum amount due at the point of service for self-pay patients. Because full charges are not always known at the time the patient is registered, CRMC requests a deposit amount, and then will balance bill the patient.

What if the patient doesn't have identification with them?

1. Explain why identification is needed (see the Q&A above)
2. Ask if someone can bring the needed ID to them
3. Ask your supervisor for assistance