



Policy and Procedure Manual

Scope of Responsibility:

Entire Institution

Patient Payment at Time of Service

Policy #:	15.04.002
Chapter:	Record of Care, Treatment, and Services
Effective Date:	02/01/2014
Date Revised:	11/01/2018

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 staff 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. The patient/guarantor is to be advised of the amount owed and that payment for services is expected at the time of check-in for the appointment.
 - i. This applies to both insured and self-pay patients.
2. A picture ID is to be provided at the point of check-in
3. If a patient is not insured, the minimum amount due at the time of service is:



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Services

- 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.
- 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, minus 30%.

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 rescheduled 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's 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.**
5. All self-pay patients will receive an automatic 30% discount.

C. Check Out

1. As the patient checks out, any missing contact information should be requested from the patient.



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2. Self-pay patients should be reminded that the amount paid upon check-in was a deposit toward the services amount, and that they will receive a bill for any remaining amounts due.

D. Undeliverable Billing Statements - U.S. Post Office Returns

1. CRMC and CRMG will use the following means to obtain a current address for an account:
 - a. The patient/guarantor is responsible for providing a current address upon registration and at the time of any subsequent change in address.
 - b. CRMC/CRMG maintains a contract with an external service provider to provide current address updates.
 - c. Two telephone calls are attempted to the telephone numbers listed on patient account.
 - d. Both CRMC and CRMG have the ability to update the guarantor address in the system.
 - e. Statements and correspondence returned by the U.S. Postal Service as undeliverable will be considered to be provided as of the date it was mailed.

*This policy is available on CRMC's website.

References: Cash Handling Policy, Financial Assistance Policy

Policy Cross Reference:

This policy replaces the following policy:

Key Words:

Signatures:	Committees:
<i>Originator: Administrator of Revenue Cycle</i>	
Administrator of Revenue Cycle: _____ Date: _____	PRC Review Date: 09/24/2018
<i>Authorized By:</i>	
Chief Executive Officer: _____ Date: _____	
Chief Financial Officer: _____ Date: _____	