



## 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:	07/02/2021

### POLICY

Cheyenne Regional Health System (Cheyenne Regional), to include Cheyenne Regional Medical Center and Cheyenne Regional Medical Group, will collect appropriate co-payment, co-insurance amount, or a “deposit toward services” amount at the point of service, with the exception being a medically emergent service.

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, with the expectation of the total co-payment or 50% of the co-insurance paid prior to services.

Cheyenne Regional staff have the responsibility to ensure that payments made are processed timely and accurately, following established cash handling procedures.

Patients presenting to the Emergency Department (ED) will have payment requested at checkout following the Emergency Medical Treatment & Labor Act (EMTALA).

The Clinic/Practice Manager, Department Director and/or Department Manager 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 during the pre-registration process. If Cheyenne Regional is unable to contact the patient prior to the visit,



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Cheyenne Regional will furnish a patient estimate at the time of check-in for the patient to review estimated costs for the service and patient liabilities.

- 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 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.
4. If a patient is not insured, the minimum amount due at the time of service is:
  - a. Clinic Encounters
    - i. New patient = \$180
    - ii. Existing patient or follow-up visit = \$120
    - iii. 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.
    - iv. 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%.
  - b. Hospital Encounters
    - i. Will request the full balance of any estimated patient liability during the pre-registration process. If Cheyenne Regional is unable to contact the patient prior to the date of service, check-in staff will request the full estimated balance at the time of service.
    - ii. If the patient is unable to pay the full balance at the time of service, a minimum deposit of 50% of the estimate or \$180 (whichever is greater) will be required. The patient will be billed for the remaining balance.



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- iii. Any overages will be applied to any outstanding balances and communicated to the patient through correspondence.
  - c. Patients on Cheyenne Regional's Financial Assistance Levels A through G will be required to pay their full patient portion based on the sliding scale fee schedule.
5. If a patient is insured, the minimum amount due at the time of service is:
  - a. Copayment listed on Card or through Real Time Eligibility
  - b. Co-Insurance listed on Real Time Eligibility based on estimate at 50%

### 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 obtained at check-in.
3. If the patient is not able to pay the required amount for the encounter or procedure:
  - 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 Cheyenne Regional 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 practitioner is to be consulted prior to turning away an established patient to ensure that any potential medical complication is identified, and the practitioner is given the opportunity to treat the patient regardless of ability to pay.**
5. All true self-pay patients who do not have any medical coverage from an insurance provider (government or commercial) will receive an automatic 30% discount.



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6. When the patient is under the age of 18, the insurance subscriber will be the guarantor and financially liable. When there are multiple coverages on a patient account, the Birthday Rule will be used to determine the guarantor.

### C. Check-Out

1. As the patient checks out, any missing contact information should be requested from the patient.
2. 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. Cheyenne Regional 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. Cheyenne Regional 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. Cheyenne Regional has the ability to update the guarantor address in the system.
  - e. Statements and correspondence returned by the U.S. Postal Service as undeliverable is considered as provided the date it was mailed.



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**References:**

**Policy Cross Reference:** 7.05.004 Cash Handling Policy, 7.01.026 Financial Assistance Policy

**This policy replaces the following policy:**

**Key Words:**

<i>Signatures:</i>	<i>Committees:</i>
<i>Originator:</i>	
Administrator of Revenue Cycle: _____ Date: _____	
<i>Authorized By:</i>	
Chief Financial Officer: _____ Date: _____	<b>PRC Review Date:</b> June 2021
Chief Executive Officer: _____ Date: _____	