

PHYSICIANS AMBULATORY SURGERY CENTER

PATIENT FINANCIAL COUNSELING		DESCRIPTION	Page 1 of 2
POLICY: BO-28	EFFECTIVE DATE:		APPROVED BY:
DATE REVIEWED:		DATE REVISED:	

PURPOSE

To describe parameters for appropriate, adequate and timely patient financial counseling.

POLICY

1. Upon completion of insurance verification, the insurance verifier will forward information regarding deductibles, co-pays, self-pays, etc. to the patient financial counselor.
2. The patient financial counselor will contact the patient (or responsible party if the patient is a minor) at least three days but preferably one week prior to the date of procedure to inform the patient of his/her financial responsibility and respond to any and all questions regarding the patient's insurance coverage as determined during insurance verification for the scheduled procedure.
3. Cosmetic procedures must be paid in full before or on the date of service and must be in some form of cash, i.e., cash, cashier's check, or credit card (Visa, MasterCard, Discover, or American Express).
4. Co-pays and deductibles are due on the day of procedure.
5. Payment in full should be requested from the patient on the date of service. Payment can be made by cashier's check, credit card, money order, or cash.
6. Self-pay patients are expected to pay in full by the date of procedure.
7. If the patient refuses or cannot afford full payment on the date of service, a promissory note must be signed and the following payment plans may be offered, listed in the order of preference.
 - a. 50% at admission and payment of the remaining 50% in three (3) equal monthly payments.
 - b. 50% at admission, payment of the remaining 50% in six (6) equal monthly payments.
 - c. 50% at admission, payment of the remaining 50% in twelve (12) equal monthly payments.
 - d. Any promissory note extended over the twelve months will need prior approval by the Administrator.
8. Any other payment arrangements must be made with the written approval of the administrator. No patient should be denied care without approval of the administrator or designee.
9. For services not covered by Medicare, the patient must be made aware of their responsibility and sign a properly completed Advanced Beneficiary Notice (ABN) or Notice of Exclusion of Medicare Benefits (NEMB). (*See Financial Policy - Medicare*).

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PROCEDURE

1. Contact the patient at least three days prior to procedure.
2. Be aware of any unusual circumstances that may require additional information from the patient, e.g. second opinion, proof of full-time student status, etc.
3. If the patient states that he/she cannot pay the deductible amount due, even after being offered credit card payment, negotiate a promissory note with the patient based on guidelines on #7 above. **Please note that a recurring credit card payment may also be accepted for promissory note terms. If the patient selects this method of making monthly payments, complete both the appropriate promissory note and recurring credit card payment form.** If the patient cannot meet this level payment, advise him/her that you will call back after speaking with a manager.
4. If the patient claims inability to make payment of any kind, refer the account to the business office coordinator/administrator.
5. Upon the patient's arrival on the date of service, the patient should complete all necessary paperwork, offer his/her insurance card and identification for copying, sign the promissory note, remit the agreed upon payment, and receive a receipt for any payment.
6. The patient should receive a copy of any consent forms, release of information forms, and assignment of benefits forms they sign, as well as a copy of the promissory note, if applicable. They should also receive instruction as to whom to contact if they have further questions about their insurance or payments due.
7. A copy of the promissory note, insurance card (front and back), and patient's identification must be forwarded to the billing staff member. *If insurance cards are scanned into software, it is not necessary to forward copies to the billing staff member.*

