

Policy Title: Collection Procedures for Patient Responsibility Balances	
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Retired:	

POLICY:

Procedures are in place to manage payments for services provided to patients.

PURPOSE:

To assist patients in managing and meeting their financial obligations for the care they obtained.

PROCEDURE:

All patients with a patient responsibility balance will receive a monthly statement.

Statements which are sent before the expected insurance payment is received will clearly reflect the patient responsibility separately from the expected insurance payment.

The patient will be allowed to make a payment before the insurance pays.

Accounts with a less than \$10.00 balance will be adjusted off as a small balance adjustment. This amount can be added back to the account if the patient makes a payment.

The patient will be issued a refund if the patient overpays their account.

Refunds are processed at least monthly.

Insurance overpayments will not be issued to the patient, unless the center is instructed to do so in writing by the carrier.

Payment arrangements which exceed a three month payment plan will require a signed Facility Payment Plan document which will be issued by the center.

If a patient misses a payment during a payment arrangement the account will be considered delinquent and subject to collections procedures.

During the collections process the account may be sent to an external collections agency with the approval of the Center director, Physician or Business Operations resource.

All accounts will be managed using the following schedule:

- Once Insurance has paid the patient will receive a statement

Policy Type:	REV_REVENUE MANAGEMENT
Center:	Central Florida GI
Center DBA:	Central Florida Surgical Center

May not be valid after 11/4/2022

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- If no payment is received or payment arrangements made after 30 days the patient will receive a statement and a “past-due” statement/letter
- If no payment is received or payment arrangements made after 60 days the patient may receive a statement, a phone call and a “final notice” statement/letter
- If no payment is received or payment arrangements made within 10 of receiving the final notice the patient’s account may be referred to an external collection agency for further collection efforts

External Collection Agency Process:

- A list of "Past Due" accounts will be sent to the Physician, Center Leader or Business Operations Resource for approval to be sent to a collection agency.
- If the account is approved for external collection agency, the account is immediately transferred to the pre-determined collections agency and the account written off appropriately.
- If the account is not approved for external collections the account is written off to bad debt.

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