

VRC Policies/ Procedure	Subject: Time of Service (TOS) Patient Collections Policy and Procedure Department Affected: Clerical staff, Site Leads Issued by: Jose Aponte, Manager of Operations	Date: 3/2017
Effective: 1/1/2015	Approved by: AN, 3/3/2017	Last Revision: 11/10/2017

I. Purpose:

This policy establishes guidelines to ensure co-pays, co-insurance and deductibles at the Time of Service (TOS). The Clerical Staff at Valley Radiology Consultants (VRC) will be responsible for safekeeping and proper handling of Patient Payments through the effective use of Cash Change Fund and the Drop Safe at each VRC imaging center. The VRC Clerical staff will appropriately communicate with patients regarding the collected amount due at the TOS.

II. Policy:

- A. Co-Pays, Co-Insurance and Deductible:** Payments will be communicated to the patient via appointment confirmation process; before the patient arrives for their schedule appointment. These payments will be collected at the time of service; in full.
- B. At the time of confirmation:** When completing a confirmation call, all front desk staff must inform patients that co-pays, deductibles or co-insurance are due at the TOS.
- C. When speaking with a patient directly:** If co-insurance or deductible amounts are available, staff must notify the patient that payments are due at the TOS. Only when speaking with a patient directly is it acceptable to reveal the amounts owed at TOS. Do not give estimated amounts due to anyone other than the patient.

NOTE:

When leaving a message for the patient: *Staff may NOT leave co-insurance/deductible amounts on a voicemail, answering machine or with anyone other than the patient as this is protected information and is prohibited by HIPAA. Follow the acceptable HIPAA compliant message SCRIPT below:*

“Hi, this message is for (*patient name*). This is, (*your name*); with Valley Radiology. I am calling to confirm your appointment (**date and time**). We request that you arrive 15 minutes prior to your scheduled exam to complete our registration process. (30 **min prior for MRI at ELM**). Please be aware that payment of any applicable co-insurance and deductibles are due at the time of service. If you have any questions, please call (**your number**) and anyone may assist you. Thank you.

D. Accepting Co-pay and Deductibles at the Time of Service:

- 1. Payments must be taken prior to the exam start. When registering the patient, staff must attempt to collect the co-pays/deductibles/co-insurances.

2. Full payment expected at TOS via cash, credit cards and debit cards accepted. Checks will be accepted.
3. Staff should NOT offer to bill the patient.
4. The choice given the patient should be whether he/she will pay by cash or credit card, NOT whether he/she will pay immediately or would like to be billed.
5. The option of a payment plan will NOT be offered until circumstances are reviewed on a case by case basis.
6. At the time if the patient does not have insurance then the same day cash price will be offered based on VRCMG current cash price fee schedule.
7. If patient is unable to pay in full at TOS; a payment plan may be set up via the merchant services provider at the discretion of the Site Lead, scheduled Technologist and/or Operations Manager.
8. If all options have been offered, but payment is not made; patient will be Re-Scheduled when payment can be made in full.

E. Follow the guidelines below when collecting a payment at the time of service:

1. For large amounts due that are greater than \$500, attempt to collect the entire amount; if unable to collect the entire amount, staff must collect at least half the amount due. If patient is still unable to pay, staff should address their site lead and/or operations manager for a case by case basis of how to proceed.
2. For amounts less than \$500, staff should collect the entire amount due. If patient is still unable to pay, staff should address their site lead for a case by case basis of how to proceed.
3. Staff should never make a decision to reschedule or cancel an appointment without approval from site lead or manager. Always consult a site lead for direction when a patient is unable to pay. If site lead not available, then staff must contact operations manager.
4. Billing the patient at a later date should be the last option. Collecting payments at the time of service is required. Staff must attempt to collect all or any amounts due before offering to let the patient be billed at a later date.
5. All balances are due in 30 days from when the insurance company has adjudicated the claim submitted. Payment arrangements may not be made at the time of service for insure patients, but **MAY** be approved for same day cash patients.
6. Credit Card Payment Plan: (valid on all exams totaling \$101.00 or more).
 - a. One-third at TOS, with the remainder to be paid in 2 installments over the next 2 consecutive months with an approved Cred Card. If patient is able to make a larger amount with less installment payments; this may be approved.
 - b. VRCMG staff will calculate the balance owed and enter into merchant payment processing system; along with notes in the transaction field. Ex. \$101 owed. TOS 1st installment \$33.67, 2nd installment \$33.67, 3rd installment \$33.66.

- c. This payment plan must be approved by a Technologist and verified by 2 employees. Notes to be made in Administrative tab on amount paid and amount owed.
- d. If none of the above are suitable, please contact the Operations Manager.

F. Documenting Payments at the Time of Service

1. Documentation must be made at all times when no payment or a partial payment has been made. Payments in full do not require documentation.
2. For all partial payment with an exception; (Exception being, payments less than 50% for amounts larger than \$500 or payments less than the entire amount due for amounts less than \$500) must be document same as above, and in addition, must also be documented in the raised Administrative Note tab. Follow the documentation guidelines above and the format for Administrative Note tab is listed below:
3. When NO PAYMENT has been made: Documentation for no payment must be written in the raised Administrative Note tab in SECTRA. When a patient is not making a payment, in order for the patient to receive services, this must be approved by a site lead or manager.
4. Note Format: NP: Reason for no payment/approver

G. Deductible, Co-Pay, Co-Insurance and Health Savings Accounts/Health Reimbursement Accounts.

1. Deductible, Co-Pay, Co-Insurance and Health Savings Accounts/Health Reimbursement Accounts are being promoted so that patients can have more control over managing their healthcare spending.
2. These accounts will be patient specific so it is important to be aware of all your benefits, deductibles and co-payments. Due to contractual obligations with your insurance carrier it is required that VRCMG collects a portion of the patients allowed charges to be applied to their deductible, co-insurance or HAS. VRCMG will collect 100% of a patient's co-pay at the time of service.

H. Self-Pay Patients.

1. A self-pay patient is deemed a patient who is without any form of insurance coverage or insured patients whose services are non-covered by their insurance plan.
2. It is VRCMG policy that payment for office visit is due at the time of service for all self-pay patients.
3. If payment in full is not received at the time of the visit for all services, a payment plan based on company policy may be offered, or patient will be re-scheduled until payment can be made.

I. Change fund.

1. Each site will have a Change Fund that contains a predetermined balance of US currency and Coins that will be kept in a locked device ("Change Box").
2. The Change Fund will ONLY be used to make change when patients pay in cash at the time of service.
3. The monies kept in the Change Box will be secured separately from the patient payments. The Change Fund monies shall not be kept in the drop safe.

4. Patient payments should be secure in the Drop Safe and not kept in the Change Box.
5. Personal use of the Change Fund is prohibited and will result in disciplinary action.
6. Access to the Change Fund will be the responsibility of one (1) designated employee throughout the work day, who will carry the key on his/her person. The key will not leave the site at any time and will be secured in a designated location overnight.
7. The Controller and the Site Leads are responsible for designating the single employee who will be responsible for the Change Fund during each shift.
8. Controller and the Site Leads are responsible for ensuring that employees have access to the Change Box, or verifying the cash counts, are trained in this policy.
9. The Change Fund must be locked in a designated area at all times. It is the responsibility of the Controller and Site Leads to ensure that each site has a secured designation place for the Change Fund.

J. Change Fund Balance Verification:

1. The Change Fund will be verified at the beginning and end of each shift and anytime during the business day when the key responsibility changes hands.
2. Two (2) employees must complete the Change Fund verification by counting the contents of the Change Box together and then each signing the Change Fund Daily Log sheet with the date, time and amount counted.
3. Controller and Site Leads are responsible for reviewing the Daily Log Sheet at a minimum of once a week and documenting with their signature. Any discrepancies should be documented and immediately communicated in writing to the Controller and Supervisor of Administrative Services.
4. The Daily Log Sheet must be kept inside the Change Box and submitted electronically to Accounting Department by the third (3) business day of the following month.

K. Drop Safe and Daily Deposits:

1. Each site will have a Drop Safe to secure patient payments received at the Time of Service.
2. Every patient payment received during the business day will be immediately placed in the Drop Safe.
3. The Drop Safe must be of a type that is approved by the Controller.
4. The Drop Safe will be secured to the floor and/or wall, be of an approved weight; at the front desk where it cannot be seen by patients and visitors.
5. The Site Lead will be primarily responsible for the security of the Drop Safe and will assign access only as needed.
6. Access to the Drop Safe should be limited to retrieving the payments and receipts to prepare the Daily Deposit.
7. It is required that deposits are prepared daily for monies collected from patients at the time of service, including any weekend days and holidays that the site is

open for business; employee designated by Site Lead during all holidays and weekend operating hours.

8. It is the responsibility of the Controller and Site Lead to designate who will be responsible for preparing the daily deposit.
9. It is required that two (2) employees prepare the daily deposit together.
10. Prepared deposits will be secured in the Drop Safe until the courier arrives for pick up.
11. Each site will maintain a Deposit Log to verify courier pick up. The courier will be required to confirm the Deposit Bag Receipt # and initial the log to indicate he/she picked up the bag. All deposits must be taken to the bank before ending the shift for the day.