

POINT OF SERVICE CASH COLLECTIONS

POLICY:

Select outpatient departments will be directed to collect co-pay, deductible, or set payment amounts for services at the point of service. Insurance will be verified for accurate co-pays, deductibles or patient responsibility.

PROCEDURE:

A. Process for Amounts Collected at the Point of Service

1. Staff persons designated to collect money in each department will maintain payments and receipt logs.
2. Receipt logs and collected money will be transported to Cashier's Office at the end of the business day to complete the "cash out" process. Cutoff for cash collections will be midnight. Cutoff for end of month cash collections will be at midnight on the last day of the month. Deposit bags will be marked with point of service (POS) area, and summary sheets will have the POS area noted at top of sheet.
3. Security will be notified when deposit bags are ready for transport to the Cashier's Office. These deposit bags must be locked before pick up. Each POS area will have a key and the Cashier's Office will have a second key.
4. The cashier will receive POS deposit bags the following business day. Money will be counted and confirmed with Cash Deposit Recap Summary sheet. Bank deposits will be made upon receipt.
5. A receipt will be provided following payment. The patient's account number will be placed on the Patientco receipt for posting and business office purposes.
6. Payments will be tracked and the information entered for these payments will indicate that the payment was received in the POS area and what date payment was received.
7. A prompt payment discount is available for POS collections in accordance with Organizational Policy No. 122, "Prompt Pay Discount"

B. Process for Deferral of Elective Procedures

1. All patients scheduled for ambulatory procedure/surgery or outpatient diagnostic services will be considered elective and must have their account approved at least 24 hours prior to the procedure/surgery; otherwise, the elective ambulatory procedure/surgery will be evaluated for deferral.
2. The required down payment structure for services is as follows: \$0 - \$100: payment in full; \$100.01 - \$2,000.00; 35% down payment/deposit required; \$2,000.01 and up: 20% down payment/deposit required. Unscheduled patients presenting for urgent procedures/surgeries or outpatient diagnostic services will not be subject to deferral.
3. Staff persons responsible for scheduling patient visits will verify patient's insurance coverage verification system. Completed verification will be documented on the Comment Inquiry screen.
4. Self-pay patients will be referred to the Credit Coordinator for clearance and eligibility for scheduled visits.
 - a. Patient's financial clearance will be noted on the Comment Inquiry screen.
 - b. Ineligibility for clearance will require that staff contact the referring physician to determine if the procedure prescribed is urgent or subject to deferral.
 - i. Deferral is prohibited if the patient's referring physician indicates that the service is urgent and that deferring the service would pose a significant risk to the patient's health.
 - ii. Verbal authorization for deferral by the referring physician may be provided to the credit coordinator.
 - iii. If the service is deferred, the credit coordinator will contact patient to discuss financial options.
5. At time of pre-registration, the patient will be informed of the amount of estimated co-pay/deductible due. If an insured patient's co-pay/deductible amount cannot be determined at the time, the patient will be required to pay \$100.00 towards the patient responsibility amount. The patient will be reminded that this amount will be due before services are rendered and will be instructed to present with the required co-pay/deductible on or prior to the day of the patient's elective procedure. This instruction will be noted in the Comment Inquiry once given to the patient.

6. At time of patient visit, the registrar will use the following script:

"Good morning/afternoon, Mr./Mrs._____. We have verified your health insurance benefits and learned that you have a co-payment of \$_____. Would you prefer to pay with cash, check, or credit card?"

7. A receipt will be provided following payment. The patient's account number will be placed on the receipt for posting and business office purposes.

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