

# **CREDIT/COLLECTION POLICY**

## **PURPOSE**

This policy is established to provide the financial resources needed to maintain high quality health care for our patients. In implementing this policy, it is important to remember that we are here to support ASMC in attaining its goals while meeting our patient's medical needs with quality care.

Payment is due at the time of service unless arrangements have been made with the credit department. All contacts with the guarantor should pursue full payment of the account. If the guarantor is unable to pay in full, the following guidelines apply:

## **PAYMENT ARRANGEMENTS**

A guarantee for:

- A. ½ now and balance in 30 days
- B. 1/3 now, 1/3 in 30 days and balance in 60 days.
- C. Minimum payment of 20% on original balance or \$75.00 per month, whichever is greater.
- D. If minimum payment cannot be met, billing representative approval is needed. Arrangements should be reviewed in 90 days to see if larger payments are feasible.
- E. Payment arrangements should be confirmed with a promissory note if done in person or followed up with a letter to the patient confirming the arrangements. Payments will be applied to the oldest outstanding charge.

## **MEANS OF PAYMENT**

Cash, check, Visa or Mastercard will be accepted.

## **DELINQUENT PAYMENTS**

The following type of accounts will be referred to a collection agency:

- A. Mail returned with no forwarding address.
- B. Guarantors who refuse to cooperate.
- C. Guarantors who do not make promised payments.
- D. Guarantors who do not respond to telephone or mail contacts.

## **COLLECTION AGENCY**

Procedure to refer an account for outside collection:

- A. Billing representative will review account.
- B. Printout of all possible collection accounts will be made with financial information.
- C. Appropriate doctor will review case and recommend action.

- D. Once approved, billing representative will update credit notes, contact collection agency, enter information into computer, change collection code and write off balance.

### **APPOINTMENTS FOR PATIENTS WITH ACCOUNTS IN COLLECTION**

When a patient whose account is in collection calls for an appointment, scheduler should notify the billing representative who will advise the patient that he/she will have to pay for his/her visit when he/she is seen and also pay the balance in collection at that time. Be sure to update information as to current address, phone number, employer, employer telephone number and/or insurance information.

### **TERMINATION OF PATIENT**

Procedure to follow when a doctor terminates a patient to collection action:

- A. Patient and immediate family files are noted of the termination action. A proper letter is forwarded to the patient.
- B. Original letter is sent certified, return receipt requested. Scan a copy into the file.
- C. File is marked "Patient terminated from practice".
- D. Record termination noted in the computer.
- E. A patient may be terminated for collection problems, noncompliance with doctors instructions, drug abuse, etc.

### **INSURANCE**

- A. At the present time, ASMC will bill all contracted insurance, Medicare and industrial carriers. We encourage payment by the patient whenever possible.
- B. ASMC will bill hospital and surgery charges to all insurance. After the 45<sup>th</sup> day, if the insurance has not paid, we will look to the guarantor for payment.
- C. Insurance companies will be contacted after 45 days if payment has not been received.

### **EMPLOYEE ACCOUNTS**

We will bill insurance for employees. After insurance has paid its portion of the bill a professional discount will be given.

### **MARITAL DISPUTES**

- A. In case of divorce or separation, we take no position. Our policy will be to hold the custodial parent as guarantor.
- B. Once we are advised of a pending divorce or separation, amounts not covered by the insurance will be considered due and payable. We will not be responsible for splitting or transferring charges.

- C. Minors become legally responsible when the individual reaches 18 years of age. The individual's own account should be established with the patient as guarantor. If the parent continues to insure the patient, the account will be put in the patient's name c/o parent (with both addresses).

## **LITIGATION**

ASMC will accept litigation cases within limited guidelines.

- A. Doctor must approve any account with a balance that is dependent on the outcome of litigation.
- B. Patient must sign a lien and have his/her attorney also sign it.
- C. Payment arrangements will be established in the interim, while awaiting settlement.
- D. We will bill patient's insurance, if applicable.
- E. With assistance from attorney, we will bill Med Pay.
- F. Patient is ultimately responsible for his/her charges. If the case does not settle in his/her favor, the patient discharges the attorney, or for any other reason fails to secure payment for the doctor, collection procedure will be entertained.

## **INSUFFICIENT FUND CHECKS**

All checks returned due to insufficient funds will be deposited a second time. A charge of \$25 will be made for each return.

- A. An adjustment sheet will be filled out, itemizing the amount of the check, charge for it and reapplying the balance to the guarantor's account.
- B. Guarantor will be notified by phone and mail of the returned check and the charge for it.
- C. If repeated attempts to collect the amount remain unheeded, collection procedures will be followed.

## **BILLING FEE**

ASMC retains the right to charge a monthly billing fee. At this time, only self pay balances are considered for a billing fee after 90 days.

## **REFUNDS**

Accounts with a credit balanced will be researched. If it is determined that a refund is due, the following procedures apply:

- A. If the refund is due to an insurance company, we will respond when the company requests such a refund in writing.
- B. A refund request form should be sent to the office manager giving documentation to confirm the need for a refund. Once confirmed, accounting will write the check and return it to the requester for the final processing.

# FINANCIAL POLICY

## IMPORTANT

It is your responsibility to know if our physicians are on your insurance plan.

## INSURANCE

As a courtesy to our patients an attempt for prompt reimbursement is made, and ASMC will do the following:

- A. File insurance claims punctually.
- B. Cooperate with insurance companies to the fullest regarding claims.
- C. We will send monthly statements regarding status of your account, and in return, we expect our patients to do the same.

### 1. MEDICARE

We will submit your supplemental insurance that is not a Medigap policy or automatic crossover, with a copy of the Medicare explanation of benefits. Automatic crossovers will be noted on the Medicare explanation of benefits.

### 2. PPOS and HMOS

If our doctors are on your insurance plans (e.g. BCBS, Aetna, Pacificare etc) we expect your co-payment at the time of service. You are also responsible to make sure we have authorizations or referrals before appointments.

### 3. NO INSURANCE

If you do not have insurance, full payment is due when services are rendered, unless payment agreement has been made.

### 4. COLLECTIONS

We believe it is reasonable to expect payment for services in full within 90 days from the date of your services whether or not your insurance has paid. If you are being seen in the office and your account balance is over 90 days, we will require payment in full for that days services, or any past due balance at the time.

We hope this mutual effort and understanding will result in your account being paid in a timely manner.