

Good Samaritan Health & Wellness Center
Policies and Procedures

Subject: AR Payment Processing

Policy #: 3.22.5

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Approved by:

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3.22.5 AR Payment Processing

Policy: All payments received from third-party payors will be applied to specific charges associated with date of services and patients. Patient payments will be applied to the oldest balance on the account. All patient or insurance payments received via mail will be processed through the finance office and distributed to the Billing Coordinator for account posting.

Purpose: To establish policy related to how receipts will be processed by GSHWC in order to accurately account for insurance and patient payments and to establish internal control processes for payments.

Procedures:

1. Pre-visit scrubbing:

- a. On the day before the visit the medical receptionist/appointment volunteer calls the patient to confirm the appointment.
- b. Prior to calling, the patient's account is checked for:
 - 1) Insurance coverage status and verifies current eligibility
 - 2) Sliding fee status
 - 3) If patient owes a balance
 - 4) Any alerts for bad address, telephone, needs to update financial pw, etc.
- c. Patient is reminded of payment expected at time of visit.
- d. Patient is informed if sliding fee status has expired or is about to expire and to bring required documentation to requalify.
- e. Patient is informed if insurance status has changed to bring current insurance information.

- f. Patient is informed of balance if owed and offered financial counseling for payment arrangements.

2. Intake or Application Forms

- a. All patients of GSHWC must fill out a registration form upon their first visit (see policy #3.22.1).
 - 1) Required information is highlighted and must be completed and signed.
 - 2) Once all information has been completed, the information is entered into the billing system along with the expected payment method (insured, non- insured).

2. Check In:

- a. Patients with an appointment must check in upon arrival with the receptionist.
 - 1) The front desk must verify address, phone number, insurance, etc., at every visit and update the account, if changes are indicated.
 - 2) The receptionist will ask the patient about payment for that day's services and collect the payment before the visit. A receipt is printed for the patient which also automatically locks the payment in eCW. The receptionist will post the payment to the patients account.
 - 3) The receptionist will look for system flags that will alert possible actions needed in order to improve collections and notify financial counseling if necessary.
 - 4) In certain situations patients may not be able to pay for their visit. In special circumstances/hardships waiving of charges may be granted and must be approved by CEO. If the CEO is not available the CMO will approve/disapprove. Any waiving of charges should be documented in the patients file along with an explanation.

3. Check Out:

- a. After all services have been rendered, the patient will return to the front desk where follow-up appointment is scheduled and visit summary is printed and given to patient.

4. Payment Options:

- a. Cash and credit card payments (VISA, MC & Discover).
- b. Medicare, Medicaid, and commercial insurances will be billed for services rendered and electronic claims will be submitted to the clearing house.
- c. Once primary insurance has paid, secondary insurance will be submitted to the secondary insurance company.
- d. Medicaid must be verified by the receptionist upon check in at each visit.

Patients who have no secondary insurance will receive a balance transfer to their account after the primary insurance allowance has been posted. The transferred balance will be billed to the patient with the next patient statement cycle.