

Our hospital's payment and billing policy

Please review this internal policy handout. You are an important part of developing our practice's consistent message to clients about payment and billing.

Payment policy

Explain to clients that payment is expected when the service is rendered. Options include cash, check, credit, third-party credit vendor, or even payment from a family member.

When a client cannot pay. You may create a hospital internal charge but only with authorization from the hospital manager and after the client has agreed to and signed a payment agreement form. In these cases, the client is expected to pay 50 percent at the time of service with the other 50 percent divided into three installments, one due every 20 days. If the client misses an installment, call him or her and note the conversation on the agreement form for further follow-up and action.

Treatment plans. Our hospital presents treatment plans with estimated fees for all procedures and reviews them with the client. Treatment plans must be signed by the client and a deposit collected equal to 50 percent of the high side of the estimate. Less than 50 percent can be accepted only with the approval of the manager or practice owner.

Noncompliance. If the team provides service without following the above-stated procedures or obtaining approval from the hospital manager or owner, the doctor will be charged if the client does not pay.

Existing balances

If a client with an existing balance seeks additional services, the practice will not provide routine care until the existing balance is paid in full. The practice will provide emergency services only with the approval of the manager or owner. The client must pay for any dispensed medication or products at the time of service.

Client accounts receivable

At the end of the month, the bookkeeper prints and mails client statements, using an accounts receivable aging report to monitor collection activity for the month.

Team members follow up on amounts outstanding past 30 days within 10 days after the statement goes out, noting all phone calls and follow-up action on the aging report. The aging reports should be reviewed by the practice owner within 10 days after being printed, at which point the manager follows up with clients to discuss possible actions. Here are tips for statements:

30 days. Statements should include a reminder that the remaining balance is due and should be paid as soon as possible.

60 days. Statements should indicate that the balance is past due and that payment is expected immediately. Ask the doctor in charge of the case whether he or she wants to write a personal note on the statement.

75 days. If the balance is not paid within 15 days from the mailing of the 60-day statement, mail a collection letter indicating the balance will be turned over to a collections agency if the balance is not paid in the next 10 days. If you receive no response, turn the account over to the agency at 90 days and note the action on the client record.

90 days. Indicate on the statement that the client's account is overdue and that nonpayment will affect the client's credit record.

Employee accounts receivable

All employees are expected to pay at the time of service to receive their employee discount. If an employee doesn't pay a balance within 30 days, he or she will not receive the discount. Payment agreements will be created for any employee who cannot pay a balance when services are rendered only with the approval of the manager or practice owner. Payment plans that include a payroll deduction can be used only if the employee has provided written permission for the deduction. Any employee who ends employment with a balance due to the hospital needs to sign an agreement outlining a payment schedule for the balance due.