

CAROLINA FAMILY HEALTH CENTERS, INC. PROCEDURE

TITLE: FIN-117.01 Billing and Collections

EFFECTIVE DATE: January 2007

SECTION: Finance

REFERENCE POLICY: FIN-117 Billing and Collections

RESPONSIBLE CHIEF OF STAFF: Chief Financial Officer

RESPONSIBLE COMMITTEE: Finance CIT

REVIEWED: 05/09, 01/15, 08/16, 11/16, 03/17, 03/18, 10/18, 4/21, 4/22, 6/22, 05/20/2024

I. PURPOSE

The purpose of this procedure is to establish Carolina Family Health Centers, Inc. (CFHC, Inc.) guidelines for collecting fees from patients for services rendered.

II. PROCEDURES

All patients must be checked in by a Front Office Associate (FOA) prior to being seen by a provider. Patients are required to complete or update their patient demographic and insurance information at each visit. Insurance cards, including Medicare and Medicaid, are scanned at each visit. All patients, both insured and uninsured, are encouraged to apply for the Sliding Fee Discount Program (SFD). Refer to *FIN-116 Sliding Fee Discount Program*.

Patient insurance co-pays and/or appropriate SFD fees are collected at check-in. For uninsured patients, CFHC, Inc. has established a schedule of fees which are due at check-in. These fees are listing on the *Sliding Fee Scale Check-in Payment Schedule* (see attachment). Patients who are unable to pay the fee at check-in may be triaged and offered urgent/emergent services only as defined in the *Urgent/Emergent Services Definitions* (see attachment).

During check-out, the FOA calculates and requests the balance owed for that visit. Any additional costs for supplies and equipment related to, but not included in the service is explained. Any past due balances are also be requested.

- If a patient has a past due balance of more than \$100, the patient will be requested to establish a monthly payment plan.
- The *Monthly Payment Plan Agreement* form (see attachment) is completed by the FOA, signed by the patient, scanned into the patient management system, and sent to the billing department for tracking. The patient is given a copy of the payment plan.
- The billing department adds the payment plan to the patients' guarantor snapshot.
- The form includes minimum monthly payment expectations based on the *Payment Plan Guidelines* (see attachment).
- A statement is mailed out monthly.

If the patient refuses to pay and also refuses to sign a *Payment Plan Agreement* form, any future visits are on a 100% cash basis only, and the patient may be at risk of termination.

For dental patients that require a Treatment Plan that spans more than one visit, the FOA prepares a cost estimate and *Dental Treatment Payment Plan Worksheet* (see attached) to be signed by the patient before making the next appointment

III. ATTACHMENTS

- Payment Plan Guidelines
- Sliding Fee Scale Check-in Payment Schedule
- Monthly Payment Plan Agreement – English
- Monthly Payment Plan Agreement – Spanish
- Dental Treatment Payment Plan Worksheet
- Urgent/Emergent Services Definitions