


Policy & Procedure

 <p>API ALVARADO PARKWAY INSTITUTE BEHAVIORAL HEALTH SYSTEM</p>	<p>Manual: Business Office Policy No.: BO-800 Page 1 of 1 Initial Approval Date: 07/06 Reviewed: Annually Revised: 01/09, 12/17, 12/19, 8/22, 1/24</p>
<p>TITLE: PRIVATE PAY BILLING AND FOLLOW-UP</p>	

POLICY:

The Billing Office at API Hospital has the responsibility of resolving outstanding accounts. The outstanding account may include all or partial private pay balances. It is the responsibility of the Collector to follow-up and resolves the entire private pay portion of each account. This includes collection in full, payment arrangements or bad debt.

PURPOSE:

To define the overview process for private pay accounts.

PROCEDURE:

Private Pay/Self Pay accounts:

1. Once it has been established that the final bill is due from the patient:
 - a. Statement will be sent out each Friday within 30 days of payment date.
 - b. Each month thereafter until the patient is 180 days past last payment date.
 - c. 180 days past the last payment date to the patient, the account is processed to be written off to collections.
 - d. If the balance is \$500.00 or above a phone call is attempted to the patient, if time permits
 - e. At the end of each month, accounts are assigned to bad debt, if it has been 180 days past last payment.

Balance after Insurance

1. After the payment from the insurance is received and it has been determined that there is a balance that is due from the patient.
 - a. Statement will be sent out each Friday within 30 days of payment date.
 - b. Each month thereafter until the patient is 180 days past last payment date.
 - c. 180 days past the last payment date to the patient, the account is processed to be written off to collections.
 - d. If the balance is \$500.00 or above a phone call is attempted to the patient if time permits
 - e. At the end of each month, accounts are assigned to bad debt, if it has been 180 days past last payment.

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If it is determine that the patient has insurance

1. Verify insurance coverage through the insurance company or employer
2. Complete an insurance verification form
3. Notify the patient of his/her portion that is due and confirm when their portion will be received.
4. Document all information in the tickler notes.
5. Rebill account with the new insurance that was selected
6. Notify the insurance biller that the account needs to be billed to the insurance company.

Make sure you follow the policy on patient confidentiality.