

## 9.1 Registration and Financial Policies

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Procedures will be scheduled by the physician's office. The office staff will transfer the information related to the scheduled procedure as well as demographic and insurance information to the center prior to the date. Any changes to the procedure date will be coordinated between the physician's office and the center.

The afternoon prior to the procedure day, the Patient Services Coordinator will review the schedule for the following:

- A. The order of the cases complies with scheduling guidelines. This would include information on any special requests or special patient needs, e.g. request for the patient needs IV antibiotics prior to his/her procedure. If there are any conflicts, the Patient Services Coordinator will review the schedule with the Administrator or Director of Nursing. If changes need to be made, the Administrator or Director of Nursing will call the scheduler and work out the conflict.
- B. If pre-authorization is required, check that a pre-authorization number has been obtained and documented.

The Patient Services Coordinator or Nurse will contact each patient scheduled for the following day (or preferably two business days prior) and confirm each appointment as follows:

- A. Remind the patient of the procedure scheduled, date and time, and verify that he/she understands the pre-procedure instructions. Remind the patient to bring their insurance cards, and some form of current, government issued photo identification with them to the appointment. Inform the patient that the photo identification is required in order to verify the patient's identity and should include their date of birth. If the patient has any questions regarding their procedure, refer the call to a nurse the procedure area.
- B. When the patient arrives for his/her appointment, the Patient Services Coordinator will:
  - II. Acknowledge the patient upon arrival.
- A. Verify the patient's identity by asking to view a copy of their photo identification. No copies of the photo identification will be made.
  - Check and validate the information provided on the Registration form against the photo ID.
  - Only accept valid, current and original documentation
  - Photocopies are not acceptable forms of identification
  - Do not accept documentation printed from the internet
  - When reviewing forms of identification (e.g. name, date of birth, address, social security number, etc.) please cross reference the information with that provided on the Registration Form.
  - Compare the photo identification against the applicant's likeness/appearance.
  - If the patient does not bring an acceptable form of photo identification, the Patient Services Coordinator will notify the Administrator who will speak with the patient and attempt to confirm their identity through a series of questions and answers. If at any time the Administrator feels they are unable to verify the patient's identity they will consult with the procedural physician who will make the final determination on proceeding with the admission.
- B. Confirm their scheduled procedure
- C. Ask the patient to review the registration form. The Patient Services Coordinator signs as witness to the signature noting the date and time. The originals go in the chart and a copy of each is given to the patient.

- D. Scan the patient's insurance card (front and back) and verify for accuracy in Advantx, ensuring that all information is entered correctly.
- E. Explain the Financial Responsibility Form, HIPAA Consent and any other forms as indicated and have the patient sign and date them. The Patient Services Coordinator signs and dates and gives the patient a copy of the executed Financial Responsibility Form. The original is filed in the patient's chart.
- F. Collect the required co-pay, deductible or other payment and enter amount into the billing system, log payment on day-sheet and place cash/check in locked box.
- G. Assemble the patient's chart and affix the ID bracelet to the patient's wrist.
- H. Notify the nursing staff once the patient is ready.

#### Tardiness of Patients

At times, patients will arrive to the Center late. Depending on how late and the effect the tardiness has on the schedule will determine whether a case will be delayed or rescheduled. The Administrator and physician will review the schedule and make a determination on a case-by-case basis.

#### Financial Responsibility Form

### **PATIENT ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY**

The Center is an "Ambulatory Surgery Center" specially designed for the practice of Gastroenterology --- no other medical procedures are performed here. The mission of the Center is to provide quality care in a specialized outpatient setting and we strive to provide each patient with the utmost care and personalized attention.

Please be aware that some of the physicians performing procedures may have a direct financial ownership interest in this center.

In order to ensure that our patients understand their financial responsibility and our payment policies, we ask that you take a minute to read the following and discuss any questions you may have with our billing representative.

1. The fee that we charge for our services covers the non-professional component of your procedure also known as the "technical" or "facility" fee which includes the cost of operating this facility including equipment, staff, rent, supplies, etc. You will also receive a separate bill from the physician's office for their professional services, anesthesia services, and possibly the laboratory for any pathology services. The facility, laboratory, anesthesia providers and physicians' professional office are all separate legal entities providing separate and distinct services.
2. As a courtesy to our patient's, insurance claims will be submitted on the patient's behalf to the insurance company specified during the registration process as long as we have the complete name and address of the insurance company, the subscriber's name, social security number and birth date, and the group number and any other required pre-authorization for the procedure.
3. We expect all known co-payments to be paid at the time of service or as required by the contract between the patient, the insurer and our center. We reserve the right to collect co-pays, deductibles and coinsurance upon notification by the insurer.
4. Some insurers require pre-certification, preauthorization or a written referral. It is the patient's responsibility to understand the insurance plan requirements and ensure that the proper authorization is obtained at least 3 days prior to the date of service. Failure to do so may result in denial of the claim by the insurer. If your insurance denies the claim, or holds payment, you may be ultimately responsible for the balance.
5. There is no formal application process for obtaining "charity care" at South Broward Endoscopy. The Center does offer self-pay and payment plan option that is at a discounted price. The Endoscopy Center standard collection policy is to produce one or more bills to patients for their cost sharing amount. If you have any questions related to the balance, please contact our Billing Office to discuss your account. Non-payment will result in referral to an outside collection agency that could impact the patient's credit record. Legal fees and collection costs incurred to collect outstanding accounts will be the patient's responsibility.