

SWEET MEDICAL CENTER POLICY & PROCEDURES MANUAL

FINANCIAL

PATIENT REGISTRATION

A. New Patient Registration

1. An individual formally becomes a patient of the Sweet Medical Center through the registration process.
2. The SMC receptionist shall obtain basic information from a new patient using one or more of the forms listed below and enter the information into the practice management system:
 - a. Patient Information Form
 - b. Name
 - c. Current home address and place of work
 - d. Home and work telephone numbers
 - e. Gender, Age, Birth date, Social Security Number, Marital Status, Race, Responsible Party
 - f. Name of insurer and policy number (This information will be updated periodically.)
 - g. Emergency contact name and telephone number
 - h. Consent to Medical Treatment and Statement of Responsibility for Charges
 - i. Financial Information
 - i. Marital Status
 - ii. Family Size
 - iii. Total Family income
 - j. Health History
3. For billing and collection purposes, the receptionist shall ensure the completeness of the forms. The receptionist shall verify the information with the patient. He/she shall also request co-pay payment at this time.
4. The payment source shall be identified and verified as one or more of the following sources:
 - a. Self-Pay
 - b. Commercial Insurance
 - c. Medicaid
 - d. Medicare
 - e. Other (i.e. Worker's Compensation Insurance)

B. Health Assistance Program Patients

1. **Same Day Appointments:** When a same day uninsured appointment is scheduled the patient is told to bring in proof of income, when the patient comes in and does not have proof of income but believes he qualifies for sliding fee, he will submit a self-declaration of income. The self-declaration will qualify the patient for only that visit and will expire the day after that visit. The patient is reminded that he/she needs to bring in proof of

income to qualify for the year-long sliding fee scale. The self-declaration may be used once annually per patient.

2. **Proof of Income:** Proof of income must be updated annually and/or if status changes. At the time of appointment, the Receptionist will review and request updated financial information from the patient. MDCR Patients not using SMC's programs are not required to provide proof of income for copay write-off.

Proof of income determines what Health Assistance Program (HAP) payment amount the patient is required to pay. The SMC HAP scale is updated annually based on the federal government poverty guidelines.

If a patient has not presented proof of income at the first visit a verbal account of household income will be documented, and calculated for the HAP via a self-declaration.

If a patient has not presented proof of income by the second and subsequent visits they will be charged at the full rate up until they present proof of their financial status.

No Household Income: If a patient is in transition and has no household income, they may sign a verification of income stating that there is currently no household income. This form must also be signed by a staff member.

Health Assistance Program Waiver: If a patient chooses not to participate with the sliding fee scale a waiver form will be given to them for signature. The waiver form must also be signed by an SMC employee. This waiver form will accompany the financial worksheet.

C. Insured Patients

1. Patients who have private insurance coverage must present an identification card or some type of proof of coverage which indicates the insurance company's name, policy number, expiration date (or coverage period). The receptionist will make a copy of the card and scan into each family member's electronic medical record that has had an appointment. Until proof of coverage is received, the patient will be considered a "self-pay patient"

Private insurance patients must be advised that any unpaid balance will be billed to the patient. If the patient is eligible for the Health Assistance Program, they will be advised of the amount of copay and the unpaid balance will be slid at the appropriate rate.

Medicare and Medicaid Patients

1. The Receptionist shall verify and make a copy of the patient's Medicaid and or Medicare card and verify Passport Provider status.
2. Once again, if the patient is eligible for the Health Assistance Program any portion of the coinsurance, and or deductible will be discounted appropriately.

D. Other Patients

1. Other third party insurance coverage (i.e. worker's compensation insurance, state disability insurance, etc.) shall be verified when the patient and the SMC staff complete the appropriate registration forms.

E. Established Patients

1. Before the start of each day, the Sweet Medical Center receptionist will ensure the day's patient data is entered into the EHS system.
2. The personal information obtained during registration should be reviewed, confirmed and edited by the receptionist.
3. When a patient with a delinquent balance comes in for care, the receptionist shall notify the Financial Officer. The CFO shall request either payment in full or a payment schedule for the patient's delinquent balance, as well as payments for the services the patient is about to receive.

F. Encounter Form Completion

The receptionist will ensure that the patient signs the authorization/consent and assignment of payment forms at his/her first visit. These forms will be scanned into the EHS system and be permanently available for reference.

Approved: _____
(Date)

Chair, Board of Directors