Policies and Procedures: Collection at Time of Service

Section: Billing  
Chapter: Administration  
Policy: Collection at Time of Service

I. PURPOSE

WVU Physicians of Charleston is committed to quality patient care and to caring for all patients including those with limited financial resources. However, WVUPC also has limited financial resources and desires to utilize those limited resources in a reasonable and fair manner. Therefore, WVUPC expects patients who have adequate financial resources to pay for their health care services in a timely manner, and to make applicable co-payments at the time of their receipt of service.

II. APPLICABILITY

This policy applies to all WVUPC providers and staff rendering services to patients in WVUPC clinical locations.

III. PROCEDURE

1. Patient Education

   a. We must continuously educate our patients concerning our payment policies. When appointments are being scheduled, clinical office staff will obtain insurance coverage information and inform patients that a payment will be expected from them at the time of their scheduled visit. At the time of registration, the office staff member shall collect and/or verify that the patient’s record contains the following information:
      • Driver’s license or other governmentally issued photo identification (in the case of minors, photo identification of responsible party would be acceptable)
      • Social Security number
      • Date of Birth
      • Residence address and telephone number
      • Insurance Card(s), if applicable

   b. All patients shall be provided a copy of the West Virginia University Physicians of Charleston “Patient Financial Policy” for review and signature. A signed copy of that document shall be filed in the patient’s clinical record.
c. Whenever appointment reminders are sent to patients, they will state clearly that applicable co-payments will be expected at the time of their scheduled visit.

2. Managed Care Patients with Co-Pay Requirements
   a. All managed care patients are expected to pay the co-payment required by the managed care company at the time of service.
   b. If WVUPC has one documented instance of a patient refusing to make the required managed care co-payment, the patient will be informed that, at the next visit, if the co-pay balance plus the current visit co-payment is not paid, further patient visits will not be scheduled until such time as the co-payment balance has been paid. WVUPC understands that its participation contracts with managed care companies require that co-payments be collected at the time of service.

3. Code of Conduct – Billing and Coding
   In accordance with WVUPC’s Code of Conduct, copayments, coinsurance, and deductibles are only waived in accordance with established rules, policies and procedures.

4. Uninsured Patients
   a. For uninsured patients, departments shall follow the provisions of WVUPC’s policy relating to “Prompt Payments; No Insurance.”

5. Medicare
   a. Patients who have Medicare insurance only (no secondary insurance) are required to pay a co-payment amount equivalent to a Level 3 office visit at the time of service. Account reconciliation will occur following the service in a manner consistent with the corporation’s routine billing (or refund if applicable) practices.
   b. Medicare patients who state an inability to pay their co-payment will be asked to call/meet with the financial services representative to review their financial status and determine eligibility for social service programs, charity care, or establish their ability to pay.
   c. The Department Administrator and/or the Department Chair as well as the treating physician will be informed of non-compliant Medicare patients to determine if the patient’s medical condition necessitates continued
medical treatment despite a lack of cooperation from the patient related to their financial responsibilities.

6. **PEIA**

   a. Patients who have PEIA insurance are required to pay the PEIA established co-payment at the time of service. The co-payment amount is based upon the PEIA allowed amount for the calendar year.

   b. PEIA patients who state an inability to pay their co-payment will be asked to meet with a financial services representative to review their financial status and determine eligibility for social service programs, charity care, or establish their ability to pay.

   c. The Department Administrator and/or the Department Chair as well as the treating physician will be informed of non-compliant PEIA patients to determine if the patient’s medical condition necessitates continued medical treatment despite a lack of cooperation from the patient related to their financial responsibilities.

7. **Other Insurances**

   a. All patients who have coverage by other insurance companies are required to pay the established co-payment at the time of service. The co-payment amount is based upon allowed amount for the calendar year.

   b. Patients who are scheduled for an inpatient admission or outpatient surgical procedure should be referred to a designee of the clinical department for verification of their insurance coverage limits. Once coverage limits are verified, those patients with large deductible or co-payment requirements must meet with a designee from within the department to discuss the necessary financial arrangements relating to co-pays and deductibles prior to their scheduled procedure.

   c. The Department Administrator and/or the Department Chair as well as the treating physician will be informed of non-compliant insured patients to determine if the patient’s medical condition necessitates continued medical treatment despite a lack of cooperation from the patient related to their financial responsibilities.

**IV. Amendment or Termination of this Policy**

This policy may be amended or terminated at any time.