

***“Patient Financial Services”***

**POLICY MEMORANDUM**

POLICY TITLE:	Minimum Self-Pay Deposits
POLICY NUMBER:	
JCAHO FUNCTION AREA:	
POLICY APPLICABLE TO:	Patient Financial Services
POLICY EFFECTIVE DATE:	
POLICY REVIEWED:	
POLICY REVISED:	

ALTERNATE WORD SEARCH: Self pay

**POLICY STATEMENT:** Standard payment requested for uninsured patients who do not qualify for assistance programs. Fixed manageable payment requests at point of service increases likelihood of collections, thereby reducing bad debt for facility, while ensuring continued access to care at Medical Center Hospital.

**PROCEDURE:**

- A. Patient is identified as uninsured by registration and it is determined that they do not qualify for any assistance programs, and the patient is not presenting for cash only procedures. Ex. cosmetic or dental.
- B. Depending on service uninsured patient is requested to make minimum self-pay deposit.
  - 1. Outpatient Lab \$100
  - 2. Outpatient Respiratory \$200
  - 3. Outpatient ED \$250
  - 4. Outpatient X-Ray/Ultrasound/Mammography \$150
  - 5. Outpatient CT/MRI/Nuclear Medicine \$250
  - 6. Outpatient Surgical Procedure/Cath Lab/Special Procedures \$500
  - 7. Inpatient hospital \$500
  - 8. PET/CT \$500

- C. If patient agrees to pay minimum amount as outlined registration is complete and patient moves forward with procedure.
- D. Patient will receive statement for remaining balance less deposit amount paid and applicable self pay discount (32%) approximately seven days after discharge.
- E.
- F. If patient disagrees with minimum deposit, registrar will review bad debt balance to determine patient's payment history with MCH. If bad debt balance is over \$5000 patient is rescheduled until such time that they are able to pay minimum deposit amount.
- G. Registrar will contact ordering physician office to inform them of postponement.
- H. If patient is inpatient Financial Counselor will request minimum deposit only, however at no time will inpatient care stop, due to non-payment.
- I. Patient Financial Services management will provide registration staff with the necessary tools to implement and follow through with this policy including but not limited to: Assistance screening education and forms, scripting, minimum amounts required based on service line.
- J. All self-pay patients will be notified at the time of scheduling of the required deposit.

Author's Signature	
	Name Department
AUTHORIZING SIGNATURE(S)	
	Name
	Name
END OF POLICY	