

## Capital City Surgical Center of Florida

<b>Policy Number: BO - J</b>	<b>Page(s): Page 1</b>
<b>Chapter: RCS</b>	<b>Effective Date:</b>
	<b>Date Approved:</b>
<b>Policy Title: Patient Statements</b>	<b>Replaces Policy Dated:</b>
	<b>Date Retired:</b>

**Policy Scope:** All Center entities that bill patients for services. This includes Center affiliated Ambulatory Surgery Centers, anesthesia entities, laboratories, and physician practices.

**Purpose:** To outline how and when patients will receive bills and statements for services provided.

**Procedure:**

1. Every effort will be made to verify and determine insurance company benefits to be paid for the patient's occasion of service.
2. The patient will be informed of their resultant responsibility for their charges prior to the day of service. They will be requested to pay this amount on the day of service or, in certain circumstances, they may be asked to enter into a payment agreement.
3. If the patient has insurance that is anticipated will cover the charges for these services, a courtesy billing will be made to the insurance company(ies).
4. After the insurance company has:
  - a. Adjudicated the claim;
  - b. Rendered payment according to the contract; and,
  - c. Identified the contractual adjustment.

A statement for the remaining balance will be sent to the patient.
5. For 4 sequential months after this first statement, the patient will receive an additional statement requesting payment in full (5 statements total). Patients may be contacted regarding their outstanding balance during this period.
6. After the 5<sup>th</sup> statement, the patient will be contacted with a final phone call.
7. If payment has not been made in the following 30 day period, the Center reserves the right to seek more aggressive collections measures including utilizing a third party agency dedicated to collection efforts.

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**References:**