


Name of Policy:	<u>Elective Admissions</u>	 Effective Date: 4/3/2009 Initial Effective Date: June 24, 1977
Policy Number:	3364-100-01-07	
Department:	Hospital Administration	
Approving Officer:	Vice President & Executive Director	
Responsible Agent:	Vice President & Executive Director	
Scope:	The University of Toledo Medical Center	
<input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy		
<input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy		

(A) Policy Statement

An accepted elective admission must qualify under one of the following categories prior to admission:

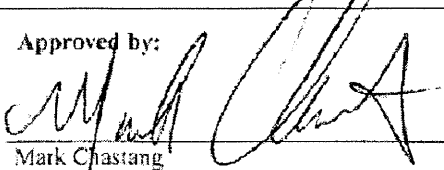
1. The prospective patient must have verified third party coverage. This third party coverage will be verified as to the extent of coverage.
2. There must be verified agency acceptance; for example: Medicare, Medicaid or HCAP.
3. Any patient not falling into the above categories will be interviewed by Financial Counselors to arrange for payment or assistance, as appropriate.

(B) Purpose of Policy

To assure all elective admissions will have some means of payment, or have pre-arranged assistance, for Hospital charges.

(C) Procedure

1. The physician's office will schedule the admission through the Admitting Department 72 hours in advance.
2. Pre-Registration will verify all information by calling the patient at home.
3. Third party coverage will be verified by Pre-Registration.
4. Any private pay accounts or questionable insurance coverage will be processed as follows:
 - a. Financial Counselors will notify the patient of financial responsibility and determine the amount to be collected prior to service.
 - b. In cases of patient non-compliance with requests, the physician will be notified by staff.
 - c. If the physician states services can be cancelled and rescheduled, the Financial Counseling staff will notify the appropriate area, making sure to document all information. In the event that clinical information needs to be relayed to the patient, the physician/ designee will contact the patient. Otherwise, Financial Counseling will contact the patient.
 - d. Should the physician request the procedure be performed regardless of the patient's compliance, the request will be documented and the admission will proceed.
 - e. Every attempt will be made to secure financial assistance for patients unable to pay.
5. Problems or questions pertaining to financial resources from the physician or the patient are to be referred to Financial Counselors.

Approved by:  Mark Chastang Vice President & Executive Director Review/Revision Completed By: HAS Admitting	Date 4/5/09	Review/Revision Date:		
		2/18/81	3/22/90	4/3/2009
		2/11/83	10/10/91	
		10/9/84	3/24/93	
		11/21/84	8/16/96	
		4/15/86	3/31/98	
		6/26/87	2/2/00	
		11/4/88	2/11/03	
		2/17/89	4/25/06	
Next Review Date: April 1, 2012				
Policies Superseded by This Policy: 7-01-07 - Elective Admissions				

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.