


Name of Policy:	<u>Patient Financial Support for Ambulatory, Outpatient Care, Scheduled Surgical Procedures and Diagnostic Testing</u>	 THE UNIVERSITY OF TOLEDO
Policy Number:	3364-100-60-15	
Department:	Hospital Administration	
Approving Officer:	Interim Chief Executive Officer, UTMC President, UTP	
Responsible Agent:	Executive Director, UTP Chief Administrative Officer, Outpatient Clinics	
Scope:	The University of Toledo Medical Center	Effective Date: 9/1/2016 Initial Effective Date: 12/14/2009
<input type="checkbox"/> New policy proposal		<input type="checkbox"/> Minor/technical revision of existing policy
<input checked="" type="checkbox"/> Major revision of existing policy (combining 60-12 and 60-13)		<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

For all UT Health clinic care areas, outpatient units, surgical procedures and diagnostic testing, patients will be subject to financial clearance. Patients will confirm payment arrangements prior to services. Patients will be asked to pay for all applicable co-payments and out of pocket percentage of estimated total charges prior to services rendered.

(B) Purpose of Policy

To provide access to care while ensuring financial responsibility is met by the patient.

(C) Procedure

1. Scheduling Staff.

- a. Before scheduling a visit, the patient's insurance information is identified.
- b. All self-pay patients will be informed by the scheduling staff that they will be required to make payment at time of service, to being seen for the visit. The staff will request a deposit of \$125.00 for a regular office visit (\$65.00 for facility fee and \$60.00 for the physician fee) or 65% of the cost of any other service being provided.
- c. The patient will then be asked if they would still like to proceed with scheduling an appointment.
- d. The payment will be collected at time of registration.
- e. If scheduling staff determines that a patient does not have the ability to pay, a referral to the financial counselor is made for payment arrangement. UTP customer service contact number of 419-383-7197 will be provided to all patients needing further assistance. Patients with an existing physician relationship will not be refused an appointment for a physician visit.

2. Pre-Service Staff

- a. When a patient is to undergo a surgical procedure or diagnostic testing, the Pre-Service staff will verify the patient's insurance, eligibility and benefits. The patient will be notified of out of network status or self-pay responsibility.
- b. When a patient is private or self-pay (no verifiable insurance) or out of network, Pre-Service staff will refer the patient back to the proper network for services or if the patient is self-pay, they will refer the patient to the Financial Counselor.
- c. If a patient is not scheduled for a surgical procedure or diagnostic testing after being placed with a Financial Counselor as described above. Pre-Service staff will ensure that the ordering physician is notified.

3. Financial Support Counselors.


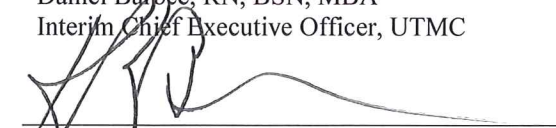
- a. The patient will be informed of the amount (65% of total estimated charges) that the patient is required to pay the hospital prior to having a procedure. The patient will be informed that this is only a pre-payment fee and is only a percentage of the total charge.
- b. The patient will be informed that there will be separate charges for physician services, if applicable. The patient will be referred to UTP Customer service with any questions related to the applicable physician fees. The UTP customer service phone number is 419-383-7197.
- c. Financial Counselors will screen self-pay patients for alternative payers, charity, payment plans and HCAPs.

4. Registration.

- a. Registration Staff will request an insurance card from every patient at check-in, to scan for the patient record, or to verify that the current insurance card is on file.
- b. Point of service check in staff will notify the clinic of self-pay patients who do not pay the required facility pre-payment.

5. Application of Policy.

- a. Patients initially seen in the Emergency Department will have a separate policy regarding the use of Financial Counselors.
- b. This policy does not apply for patients being seen for a post-operative visit.
- c. UTMC and UTP will render medical assistance services as medically necessary for Medicaid patients and residents of the state of Ohio without regard to race, creed, color, age, sex, national origin, source(s) of payment, or handicap.
- d. UTP and UTMC will use a sliding fee scale for uninsured/underinsured patients in households with incomes at or below 200% of the current federal poverty level for services in order to determine financial assistance eligibility.
- e. In compliance with Revised Code 5112.17, UTMC will provide, without charge to the individual, basic, medically necessary hospital-level services to residents of the state of Ohio who are not recipients of the medical assistance program or Medicaid and whose income is at or below the federal poverty guideline. This includes providing basic, medically necessary care without charge to recipients of disability financial assistance and recipients of disability medical assistance.

<p>Approved by:</p> <p> Daniel Barbee, RN, BSN, MBA Interim Chief Executive Officer, UTMC</p> <p> Christopher Brickman, M.D. President, UTP</p> <p><i>Review/Revision Completed By:</i> HAS Office of Legal Affairs UTMC Finance University of Toledo Physicians, LLC</p>	<p>Review/Revision Date: 9/1/2010 9/1/2013 9/1/2016</p> <p>Next Review Date: 9/1/2019</p>
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Policies Superseded by This Policy:

3364-135-049 Financial Clearance for Elective Radiology Procedures

3364-107-115 Financial Clearance for Laboratory Testing

9/1/2016: Combined 3364-100-60-12 and 60-13