Name of Policy:	Adjustment Authorization		
Policy Number:	3364-142-12	THE UNIVERSITY OF TOLEDO MEDICAL CENTER	
Department:	Patient Financial Services		
Approving Officer:	Director Revenue Cycle and Clinic Operations		
Responsible Agent:	Director Patient Financial Services		
Scope:	Patient Financial Services	Effective Date: June 22, 2022 Initial Effective Date: August 18, 2011	
New policy proposal Major revision of existing policy X Minor/technical revision of existing policy Reaffirmation of existing policy			

(A) Policy Statement

It is the goal of the Cash Posting and Billing representatives to reduce accounts receivables and increase cash collections. This policy is meant to allow fiscal responsibility for staff within those areas and safeguard monies properly owed to the University.

(B) Purpose of Policy

To ensure appropriate review of potential adjustments resulting in reduced cash flow.

(C) Procedure

< \$1,000 – Referral to Adjustment request WQ in Epic for Manager level approval

≥ \$1,000 – Referral To Adjustment request WQ in Epic for Manager and Level 2 Director Level Approval

Approval Limits*

\$500 - \$2,000 Manager Limit

\$2,000 - \$100,000 PFS Director or Administrative Director of Revenue Cycle

Approved by:		Review/Revision Date:	
Debra Carpenter Director of Patient Financial Services	Date	8/18/11 5/14/2014 7/3/2019 6/13/2022	
Troy Holmes Administrative Director of Finance/Reimbursement	Date		
		Next Review Date: 8/18/2025	
Policies Superseded by This Policy:			

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

^{*}Epic system will auto post approved adjustments at the designated level of approval.