


<b>Name of Policy:</b>	<b>Financial Clearance for Elective Radiology Procedures</b>	 <b>Effective Date:</b> 5/1/2011 Initial Effective Date: 7/16/2007
<b>Policy Number:</b>	3364-135-49	
<b>Department:</b>	Radiology	
<b>Approving Officer:</b>	Assoc. Vice President & Assoc. Executive Director	
<b>Responsible Agent:</b>	Director, Radiology	
<b>Scope:</b>	Radiology	
<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**



All patients to be scheduled for Elective Radiology Procedures must receive Financial Clearance by a UTMC Financial Counselor prior to scheduling an elective Radiology Procedure.

**(B) Purpose of Policy**

To assure patient financial responsibility.

**(C) Procedure**

1. Before scheduling an appointment for an MRI, CT or PET scan, the clinic staff will ask for insurance and payment information.
2. Self pay patients will be informed by the clinic staff that they will be required to pay 65% of the estimated procedure cost prior to the date of service. Physician fees will be billed separately.
  - a. The clinic staff will be provided with the Radiology Chargemaster, which includes CPT codes and fees.
  - b. Self Pay patient will be directed to the Financial Counselors, located in Hospital Room 1100A or the Central registration desk in the Ruppert Health Center with their Radiology order.
3. After Financial Clearance has been granted, the counselors will stamp the Radiology order approved and fax to ordering clinic. The clinic will provide their fax number on the Radiology order.
4. When payment is made, the patient will be given a receipt. The patient will be instructed to bring this receipt to their appointment.
5. The patient will be scheduled by the clinic. The clinic staff is responsible for notifying the patient of appointment date and time.
6. The clinic staff will fax stamped order to Radiology Central scheduling 419-383-4849.
7. If the patient is scheduling their own appointment, they should be told to bring the stamped order and payment receipt to their appointment.
8. In the event that the radiology reception area does not have the approved order, or the patient does not provide the payment receipt, the exam will be rescheduled until such paperwork can be produced.

<p><b>Approved by:</b></p> <p> <u>5-1-11</u> Lee S. Woldenberg, MD Professor &amp; Chairman, Radiology Date</p> <p> <u>5-5-11</u> Norma Tomlinson, RN, MSN, NE-BC, FACHE Assoc. Vice President &amp; Assoc. Executive Director Date</p> <p><i>Review/Revision Completed By:</i> Fran Cassell, RT-R, M</p>	<p><b>Review/Revision Date:</b> 5/23/08 5/1/2011</p>
<p><b>Next Review Date:</b> 5/1/2014</p>	
<p><b>Policies Superseded by This Policy:</b> F-005</p>	