


Name of Policy: Adjustment Authorization Policy Number: 3364-142-12 Approving Officer: Chief Financial Officer, Director Patient Financial Services Responsible Agent: Director, Patient Financial Services Scope: University of Toledo Medical Center		 Effective date: 9/2025 Original effective date: 8/18/2011	
Key words: Adjustment, Authorization, Review, Cash, Collections			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	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

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

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Troy Holmes Chief Financial Officer</p> <p>9/22/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Debra Carpenter Director, Patient Financial Services</p> <p>9/19/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Patient Financial Services</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: 8/8/2011</p> <p>Review/Revision Date:</p> <p>8/18/11 5/14/2014 7/3/2019 6/13/2022 9/2025</p> <p>Next review date: 9/2028</p>
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