

UCLA Health Ambulatory Practices Revenue Policy and Procedure

Policy Name: Patient Financial Responsibility		
Policy #: 001	Developed Date: April 2014	Approved Date:
Approved By:	Revision Date:03/2016	Revised By:

I. Purpose

To adequately advise patients of their complete financial responsibility.

II. Policy

Complete understanding of financial responsibility is essential for each patient. UCLA Health Ambulatory Practices policy requires that all patients sign the ***Patient Financial Responsibility form*** prior to receiving medical services. This should be done on an annual basis. The ***Patient Financial Responsibility form*** confirms that patients understand services being provided are necessary and appropriate. The ***Patient Financial Responsibility form*** also advises patients of their complete financial responsibility for all medical services received without regard to insurance eligibility or coverage determinations.

001 Patient Financial Responsibility Policy Standard Operating Procedure

Procedure

A. Payment Responsibility:

Patients or their legal representative(s) are fully responsible for all charges as outlined below. All services rendered to minor patients will be billed to the accompanying adult, custodial parent or legal guardian. UCLA Health ambulatory practices may offer payment plans for patients with certain financial hardships.

1. *Co-payment*: In accordance with insurance carrier contracts, UCLA Health ambulatory practices are obligated to collect patient co-payments at the time of service. If a patient is not prepared to make the co-payment at the time of service, the patient's appointment may be rescheduled.
2. *Deductible*: Some insurance plans require patients to pay a predetermined amount before services will be covered. If the patient's deductible amount can be verified, payment of the deductible amount shall be due at the time of service.
3. *Co-insurance*: Some insurance plans require that patients pay a predetermined percentage (e.g. 20%) of the allowed charge amount. After the claim is processed and the co-insurance is determined, a statement will be sent to the patient informing him/her of the balance due.
4. *Uninsured Patients or Self – Pay patients*: Refer to Policy 03, for Prompt Pay 30% Discount. Uninsured patients must pay the discounted amount in full for services rendered at the time of service. Patients who are unable to pay the estimated amount due at the time of service, may seek reasonable payment arrangements by contacting Customer Service: 310 301-8860.
5. *Non-Covered*: "Non-covered" means that a service will not be paid under a patient's insurance contract. If non-covered services are provided, the patient will be expected to pay for the services either at the time of service or upon receiving a statement or explanation of benefits (EOB), from the insurance provider denying payment. Insurance providers have appeal procedures in place and billing staff will assist patients in attempting to resolve adverse determinations. Under no circumstances will billing staff falsify or change a diagnosis or symptom in order to convince a payor to pay for care that is non-covered.
6. *Refunds*: Refunds will be issued to the appropriate party once all active or past due charges are paid in full.

B. Insurance:

The patient's medical insurance coverage constitutes a contract between the patient, the insurance provider and/or the patient's employer. UCLA Health ambulatory practices are not a part of this contract. Patients are responsible for:

- Knowing if a referral is necessary for office visits.
 - Check with their insurance provider to determine if the Physician ordered testing is covered under their medical coverage policy.
 - Contact the insurance provider to determine if the ordered services is a covered benefit and if a co-payment or deductible applies.
 - Arrive for appointments with proper documentation; Photo ID and Insurance cards.
 - Appeal non-covered or denied benefits determinations.
1. *Insurance Verification:* Staff members will verify patient insurance eligibility either electronically through the Practice Management System or manually 48 hours prior to scheduled visits. If staff members are unable to confirm active insurance coverage for a patient, the patient will be contacted and advised of his/her insurance eligibility status. Patients who are unable to present an alternative form of active insurance coverage prior to the visit will be informed that they classify as self-pay and will be given the option of arranging for payment prior to seeing the provider or rescheduling their appointment. All patients registered as self-pay must be asked to read and sign the **Self-Pay Acknowledgement Form, form# 16383**. Located on the Forms Portal.

All patients* must provide an insurance card and proof of identification (e.g. photo ID, driver's license) for insurance verification at the time of service. New patients who are unable to provide both documents may choose to reschedule the appointment or be billed as self-pay. Patients who choose to be billed as self-pay, but later present an insurance card and/or proof of identification, may or may not have services previously billed as self-pay retroactively billed to their insurance provider.

2. *Insurance Claims Processing:* UCLA Health ambulatory practices are contracted with multiple insurance carriers to accept assignment of benefits. The Physicians Billing Office (PBO) or the designated billing team will submit a claim to the insurance carrier for services provided. The insurance carrier adjudicates the claim, determining how much is due to the provider. The patient will receive a statement and is expected to pay all charges not covered by the payor. These charges are only for services provided by the UCLA Health ambulatory practice provider. Patients may receive additional charges from laboratory, radiology or other diagnostic service providers.
3. *Non-contracted Insurance:* If a non-contracted payor has not paid within 30 days, the remaining balance is the patient's responsibility.

Medicare Patients

Patients will be advised of all non-covered Medicare services based on the services

listed on The Centers for Medicare and Medicaid Services (CMS) form CMS-R-131 (03/11), the Advance Beneficiary Notice (ABN). The patient's signature of their acceptance of financial responsibility will be obtained prior to providing non-covered services. Refer to the Forms Portal for CMS approved ABN in English (#11269) and Spanish (#11269a).