

## **UCLA Health Ambulatory Practices Revenue Policy and Procedure**

<b>Policy Name: Patient Check-In Policy</b>		
<b>Policy #: 006</b>	<b>Developed Date: April 2014</b>	<b>Approved Date:</b>
<b>Approved By:</b>	<b>Revision Date: March 2016</b>	<b>Revised By:</b>

### **I. Purpose**

To define a consistent method of collecting patient specific information at the time of check-in.

### **II. Policy**

Patients will be greeted and registered prior to being seen by the provider in order to attain all necessary information and documentation. CICARE service standards are an expectation.

At time of check-in, patients will be requested to:

- Provide information confirming patient's identity (e.g. name and birth date)
- Present a form of photo identification (for patients ages 16 and older)
- Present his/her insurance card(s)
- Sign required forms (if applicable)
- Present all predetermined payments
- Confirm referring Physician (specialty care)

At time of check-in, patients will be informed about:

- Provider schedule status (i.e. on time, delays)
- Information about the status of their authorization for services.
  - If an authorization is still pending at the time of check-in, patients will be advised they may be responsible for some or all of the services rendered at the time of visit.

## 006 UCLA Patient Check-In Policy Standard Operating Procedure

### **Procedure**

1. Upon arrival, ask for patient's unique identification such as name and birth date. Locate patient's appointment in the CareConnect system, confirm that specialty referral is attached and arrive patient

*Note: Only utilize a sign in sheet when circumstances make it absolutely necessary, otherwise, all patients will be processed upon arrival*

2. Ask the patient to present his/her insurance card and photo I.D. at each visit and review the insurance information for changes. If necessary, update CareConnect system with provider billing address, subscriber ID number, group number and birthdate. Presentation of photo I.D. applies to patients 16 years old or older
3. Provide a printed copy of a highlighted facesheet to the patient and have them review the information for any changes, then update the CareConnect system with any updates provided by the patient. If necessary, update the CareConnect system while the patient is present and confirm changes with the patient (Confirm address provided is the mailing address for billing statement purposes)
4. Review required forms with the patient and have them sign where applicable

#### Required forms:

- Notice of Privacy Practice
  - Terms and Conditions of Service and Privacy Notice Form
  - CMS approved Medicare ABN and any other necessary forms
  - Any documents flagged in CareConnect
  - Missed Appointment Policy
5. Collect all predetermined payments that are documented in the appointment notes field by appointment scheduling including co-pays, patient responsibility balances, deductibles, benefit collection and outstanding balances
  6. Inform patients that any estimated patient payment responsibilities associated with this visit are not inclusive of any additional services rendered during this visit
  7. If no predetermined payments have been committed by the patient during appointment scheduling collect the patient's co-pay
  8. Post payment in the CareConnect system and provide patient with a computer generated receipt, indicating payment amount and payment

method.

Appointment Desk for Bar, Mary [4490944]

Make Appt One Click Walk In Quick Appt Wait List History Itinerary Locate Week View Calendar Form Reprints Print AVS Pre

Patient Demographics (Edit)  
Bar, Mary (42 yrs)  
6597 Maple Valley Dr.  
MALIBU CA 90265  
Ver Sts: Ver DOB:  
SSN: xxx-xx-6250 Prf Lang:  
Home: 310-948-6543 Mobile:

Patient Guarantor Accounts  
Guar Acct Name Acct Ver Status  
BAR, MARY New 1000000

Future Past

Date	Time	Len	Visit Type	Provider	Dept	Dept Address	Appt Notes	ORD	RFL	Referring Provid
7/28/2014 Mon	8:00a	15	RETURN [2001]	ARAFAT, DREW [TRN21016]	CPN IM BW [80000]	11980 San Vicente Blvd Ste 102 Los Angeles CA 90049-5012	headache			
7/29/2014 Tue	10:15a	30	NEW [2000]	GROSSMAN, MARK S. [15348]	CPN IM BW [80000]	11980 San Vicente Blvd Ste 102 Los Angeles CA 90049-5012				

Reg Appt Asgn Rfl **Check In** Check Out Can/Rsch Change Edit Notes Appt Info Copy Fwd Recur

9. Inform patient of any visit expectations or clinic requests including provider wait time

**Script for Check-in:**

*“Good morning/afternoon, welcome to UCLA Health  
My name is \_\_\_\_\_, how may I help you?”*

*Thank you Mrs. /Ms. /Mr. \_\_\_\_\_ We have been expecting you.*

*We want to make sure we have your correct contact information. Could you please confirm your name and date of birth?*

*Mrs./Ms./Mr. \_\_\_\_\_, I noticed that your appointment is/was at \_\_\_\_\_ with \_\_\_\_\_ (healthcare provider). He/she is running on time/ \_\_\_\_\_ minutes behind.*

**Note:** If the wait time is longer than clinic expectations, provide service recovery tool as indicated by clinic standards

Mrs./Ms./Mr. \_\_\_\_\_ I see that you have \_\_\_\_\_ for your insurance with a copay of \_\_\_\_\_.

**If patient has predetermined payments in appointment notes:**

*I also see that you have a copay, how would you like to pay today?*

*We accept check, cash or credit card payments.*

*Do you have any questions at this time?*

*If you would like, please have a seat and we'll call you in as soon as possible.*