

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

<b>Policy Name: Collecting/Posting Payments Policy</b>		
<b>Policy #: 007</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 ensure UCLA Health ambulatory practice staff collects and posts all payments immediately upon receipt at the time of service.

**II. Policy**

UCLA Health ambulatory practice staff must collect all predetermined balances at the time a patient is being checked-in and prior to the visit unless other documented arrangements have been made by the patient and agreed upon.

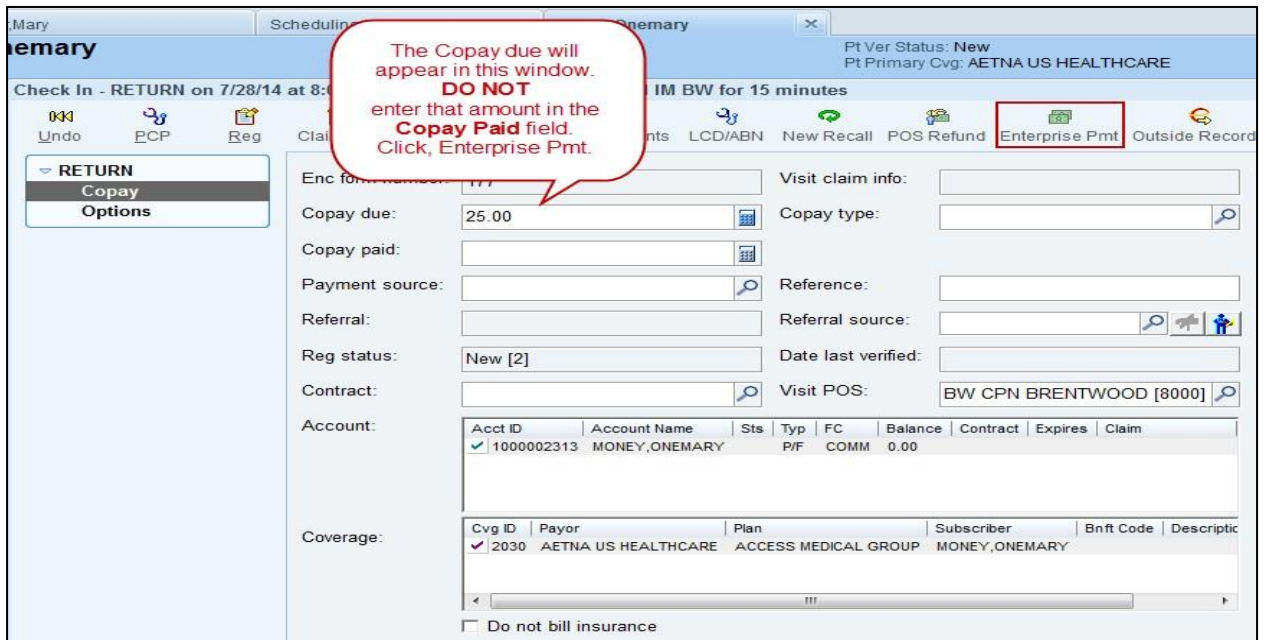
## 007 Collecting/Posting Payments Policy Standard Operating Procedure

### Procedure

#### **A. Collecting Payments:**

1. All co-pays, deductibles, self-pay, estimated charges or other outstanding balances must be collected from the patient at time of service

**Note:** Enterprise Payment activity *should always* be used to properly post a patient payment to the account



The screenshot shows a software window titled 'Primary' with a patient's account information. A red callout box contains the following text: 'The Copay due will appear in this window. **DO NOT** enter that amount in the Copay Paid field. Click, Enterprise Pmt.' The 'Enterprise Pmt' button is highlighted with a red box. The 'Copay due' field is set to 25.00. The 'Enterprise Pmt' button is located in the top right corner of the window.

Acct ID	Account Name	Sts	Typ	FC	Balance	Contract	Expires	Claim
✓ 1000002313	MONEY,ONEMARY		P/F	COMM	0.00			

Cvg ID	Payor	Plan	Subscriber	Bnft Code	Descriptic
✓ 2030	AETNA US HEALTHCARE	ACCESS MEDICAL GROUP	MONEY,ONEMARY		

2. The payment method and amount will be noted in CareConnect .
  - **Checks** will be endorsed and documented in system
  - **Credit cards** will be processed through the credit card machine for approval. Patients will be required to sign the credit card receipts
  - **Cash** payments must be posted in system and secured in locked receptacle until deposited

POS Payment Posting

**Visit Details**  
 Patient: MONEY,ONEMARY [4490928]      Guar account: MONEY,ONEMARY [1000002313]  
 Enc form number: 177      Coverage: AETNA US HEALTHCARE - ACCESS MEDICAL GROUP

**Professional Copay**  
 Copay type: Primary Care Copay [2]      Copay due: 25.00      Copay paid: 25.00

**Pre-Payment**  
 Post type: PB Copay [7]      Amount paid:

**Previous Balances**  
 Post type: PB Manual [3]      Balance due: 0.00      Balance paid:

**Payment Details**  
 Source: Cash [1]      Total due: 25.00      Total paid: 25.00  
 Reference number:      Comment:

**Professional Charges on Guarantor Account**

TR #	Svc Date	Patient	Provider	Qty	Proc Desc...	Amount	Self Due	Bad Debt	Pend A...	Matched

**Hospital Accounts**

ID	Name	Class	Status	Adm Date	Dis Date	Self Sts	Due	Type	Paid Amt

Receipt           

- All patients will be provided with a computer generated receipt indicating payment method, payment amount, payment type and remaining balance.

**\*Please see UC Financial Policy BUS 49**