**THE EYE INSTITUTE FOR MEDICINE & SURGERY**

**POLICY/PROTOCOL**

**COLLECTION OF BALANCES**

08/13/2013

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Applies to: Front Desk; Billing,

**Check-in -**

The front desk reception staff is responsible for collecting all balances due relating to current and past due co-pays, co-insurance, or refractions. (Generally this should not require billing staff to be called to the front desk unless a patient has extensive questions regarding the charges or insurance. Note: if the copayment is noted in the account, by definition this means that the person's insurance has determined that this portion of the cost of their care is a patient responsibility. You can explain this to the patient.). When you need assistance from the billing staff, please ask them to come to the front to explain this to the patient (politely).

**Phone Operators/Schedulers/ Palm Bay -**

It is the responsibility of the reception staff to collect from any patient that checks-in and has a balance due to a past due co-pay, co-insurance, or a refraction. If the patient has extensive questions that you cannot answer, you can call the billing department (providing the patient's name, account number, and a brief description of the issue) and may place the patient on with a member of the billing staff so that their questions may be addressed. Please have the billing staff member instruct the patient to hand the phone back to you after she speaks to the patient so our staff member can explain to you what you are to collect (so that you are not solely relying on the patient's version of what was stated).

**Rockledge-**

When you are in Rockledge and you have any Billing questions please ask the Front Office Lead who can also assist with speaking with patients directly.

**Self Pay Patients-**

Self pay patients are expected to pay prior to being taken back. Prior to calling the CEO to determine pricing, please have the following information ready:

1. New or Established patient

2. What services the patient is expected to receive/what they are here for.

3. Past diagnosis (if established) and/or brief summary of today's presenting problem.

4. Referral information (were they referred by someone, and if so, by whom?).

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Authorized Signature/Date