**Sample Policies and Procedures for Billing for STD Services**

# Policy and Procedure Memorandum

**DATE**: \_\_\_\_\_\_\_\_\_\_\_\_

**EFFECTIVE DATE**: \_\_\_\_\_\_\_\_\_\_\_\_

**SUBJECT**: Policies and Procedures Memorandum (P&PM)

**PURPOSE**: To establish written policy and procedures for reimbursement of clinical services.

**POLICIES**: \_\_\_\_\_\_\_\_\_\_\_ Department of Health STD Services maintains written policies and procedures to govern all aspects of its operations.

**PROCEDURE**: The STD Director will have the responsibility of maintaining and disseminating the Master STD Policy and Procedure Manual.

# Scheduling, Registration and Intake

1. All patients will complete an intake form. The copy of the form will be kept with the patient’s medical record. Patients will be required to supply adequate information for accurate data entry, billing and reporting. Upon arrival, new patients need to complete the new patient paperwork. Forms will be provided in English and Spanish. Translation and/or assistance will be provided as needed. For established patients, at every visit staff will inquire about changes to demographic information, insurance changes, income or family size changes, and will make the proper updates in the billing accounts. The staff member doing the check-in is responsible for the completeness and accuracy of the information. Insurance will be billed whenever possible.
2. No one will be denied service do to inability to pay.
3. For patients without insurance, services will be provided on a sliding fee scale.
4. Patients without insurance whose income falls below \_\_\_\_\_ % of poverty will receive

services at no cost to the patient.

1. For patients with insurance who request confidential services a sliding fee scale will be used.
2. The sliding fee scale will be reviewed and updated at least annually.
3. Patient confidentiality will be maintained and always made a priority.
4. Insurance will be billed only with the patient’s consent.
5. Source of reimbursement will not affect clinical care.
6. Staff will be available and willing to discuss and explain the purpose of insurance billing for STD services.
7. Payment for services (including copays) will be expected to be paid at the time of service. (See: [Co-payment Policy](http://stdtac.org/wp-content/uploads/2016/05/Co-Pay_STDTAC.docx))
8. Staff will inform patients on the phone that they will be asked about insurance when they arrive at the clinic. Patients will be asked to bring their insurance card with them and, if applicable will be asked to pay their copay. If the patient has insurance, he/she will be informed that it is necessary for them to bring their insurance card(s). We must have a copy in order to bill the insurance carrier. Patients may have insurance and still qualify for a discount program due to financial hardship. Copayments will not be waived unless the patient qualifies.
9. Patients will be informed that if they are not able to pay on the date of service other arrangements may be made including establishing a payment schedule or receiving a “hardship” discount. Unpaid balances, including all applicable copayments, deductibles and any non-covered services are the responsibility of the patient.
10. At each visit, staff will verify insurance coverage with the carrier via website.
11. Patients will be given a receipt for any payments made.
12. If requested, patients will be given a copy of their Superbill.
13. Payments will be logged in the ledger (format to be determined) before the end of the business day.
14. Payments will be accepted as cash, check or credit card.
15. Bills for outstanding balances will be mailed to patient on a monthly basis.

**OR**

1. Outstanding balance information will be kept in patient’s record, and the patient will be notified when he/she returns to the clinic.

# Insurance Processing and Contracting

1. Claims will be submitted to insurance companies daily. \_\_\_\_\_\_\_\_\_\_\_ Clinic accepts assignments of benefits, and maintains an active follow up program with all health insurance carriers. Outstanding claims will be reviewed on a weekly basis for follow-up with insurance carriers.
2. Checks received via mail will be posted to check log on a daily basis.
3. A different person than the person completing the check register will post the insurance payment to the patient’s account.
4. Bank deposits will be made on a daily basis and will follow \_\_\_\_\_\_\_\_\_\_\_ Clinic policies and procedures.
5. The clinic will conduct regular and periodic QI activities to verify that information submitted to insurance carrier is complete and accurate. Information on Superbills and on submitted claims will be compared to information in medical record.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*STDTAC/Jan. 2014.*