
**NAPLES DAY SURGERY, LLC
FISCAL & ACCOUNTING MANUAL**

SECTION: ACCOUNTS RECEIVABLE

ORIGINAL: 10/88

POLICY TITLE: REASONABLE COLLECTION EFFORT

REVIEWED: 1/90, 12/91, 4/05, 01/09, 05/14

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REVISED: 1/90, 9/92, 11/93, 8/95, 8/96, 3/00, 3/03

PURPOSE: There will be a reasonable and consistent effort made to collect all accounts with outstanding balances.

POLICY: All accounts shall attempt to be collected in a reasonable amount of time.

RESPONSIBILITY: The director of business services is responsible for overseeing the collection effort.

PROCEDURE:

1. Verify initial information prior to billing.
2. File the claim using standard UB92/HCF A1500 form or electronically submit to the carriers.
3. Initial **30 day** follow-up as it is appropriate to means of payment.
 - a. Commercial insurance -- contact insurance company by phone for status.
 - b. Self-pay accounts -- follow up with patient through calls and letters if delinquent.
 - c. Comments of pending account status received from carriers' explanation of benefits are to be entered into the billing memo tickler. Patient is to be contacted regarding the pending status.
 - d. Notice of a claim denial is to be entered into the patient account's memo tickler and set to self-pay. Patient is to be contacted immediately regarding the denial.
4. **45 Day -- Follow Up:**
 - a. Patient calls, statement comments, and past due letters for delinquent accounts as appropriate. (Calls on self-pay and commercial accounts are required). Status of claim documented in memo tickler.
 - a. Status calls to commercial and workers compensation carriers if account has not yet been processed.
 - b. If the carrier has not yet paid, the patient is now responsible for account in full. The account is to be reviewed and changed, if necessary, to ensure statement generation.
 - b. Medicare -- call for status if claim remains unpaid.
 - c. Medicaid -- call for status if claim remains unpaid.
5. **60 Day -- Follow Up:**
 - a. Patient calls, statement comments and past due letters for delinquent accounts as appropriate. Status of claim documented in memo tickler.
 - b. Calls to insurance carriers as needed.
 - c. A phone call to the patient is required if the account is delinquent. Verbal notification of this outstanding debt is required.
 - d. If a claim is unpaid due to patient negligence, it is a final notice/ collection account by the end of 80 days.
 - e. Letter to patient as appropriate to inform them of current status.
6. **90 Day -- Follow Up:**
 - a. Patient calls, statement comments and past due letters for delinquent accounts as appropriate.
 - b. Calls to insurance companies as needed.
 - c. Final notice all accounts over 3 months delinquent. (With the exception of workers' compensation claims.)
 - d. In order to final notice an account, all items 1-5 must be documented and completed.
 - e. Review with the director of business services any questionable account in this

final notice status.

7. **120 Day** -- Follow Up: If no payment is received 120 days after billing, the account should be forwarded to the director of business services or executive director to be approved as a bad debt. Account will be forwarded to the collection agency.
8. The director of business services and/or executive director has the right to change these steps based on individual circumstances.