

Question:

At the time of an appointment, or as a condition of scheduling an appointment, can I require a patient to pay his or her portion of an expected deductible, co-payment, or other charges not covered by insurance?

If the patient does not pay, can the appointment be cancelled or rescheduled upon receipt of the patient's payment?

Answer:

Patients have an obligation to pay for services rendered. Likewise, clinicians have an obligation to provide a reasonable standard of care for existing patients and patients for whom contracts or regulations trigger an obligation (e.g., EMTALA referrals, insurance plan contracts, hospital bylaws, etc.).

Balancing business and clinical obligations requires a fact-specific approach. A practice's written policies and procedures and patient informational materials should include the practice's payment expectations and consequences for nonpayment.

Prior to making scheduling decisions (e.g., cancellation or rescheduling) based on a patient's ability to pay, the provider should confirm that the scheduling decision will not adversely affect the patient's health. Additionally, practice administrators should determine whether regulations or contractual agreements affect the decision.

Fact variations may include the following related to payment at time of service:

- **Cosmetic or other elective procedures.** The patient's expected portion of payment (or executed financial arrangement) is required prior to or at the time of an appointment.
- **Clinical symptoms or ongoing clinical care management.** For existing patients — or prospective patients for whom contracts or regulations trigger an obligation to treat (e.g., an EMTALA-related referral or a patient who is in an ongoing clinical care management relationship) — schedule an appointment based on the patient's clinical need. Or, consult with a clinician to determine whether the appointment can be rescheduled or a referral is appropriate.
- **Outstanding unpaid balances.** Outstanding balances may result in the decision to refer the patient to another clinician or to terminate the patient-provider relationship. The practice should provide the patient with adequate written notice to allow him or her enough time to find another provider.

Documentation

When a scheduling decision requires a healthcare provider's evaluation, the provider should document his or her clinical assessment and scheduling recommendations in the patient's medical record. For example, the provider might document that the patient is stable, and rescheduling the patient's appointment will not adversely affect his or her health.

Resources:

- American Hospital Association: *Hospital Billing and Collection Practices: Statement of Principles and Guidelines* — <http://www.aha.org/content/12/120505-bill-collec-prac-statement.pdf>
- Healthcare Financial Management Association: Patient Friendly Billing Resources — <http://www.hfma.org/Content.aspx?id=16579>
- Centers for Medicare & Medicaid Services, Medicare Learning Network: *Items and Services That Are Not Covered Under the Medicare Program* — <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Items-and-Services-Not-Covered-Under-Medicare-Booklet-ICN906765.pdf>

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