

## Payment Issues

### Question

At the time of an appointment, or as a condition of scheduling an appointment, can I require a patient to pay his/her portion of an expected deductible, copayment, 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 healthcare practice's written policies and procedures and patient informational materials should include the practice's payment expectations and consequences for nonpayment.

Before making scheduling decisions (e.g., cancellation or rescheduling) based on a patient's ability to pay, the healthcare provider should confirm that the scheduling decision will not adversely affect the patient's health. Additionally, healthcare 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 before 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 whether 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 healthcare organization 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/her clinical assessment and scheduling recommendations in the patient’s health record. For example, the provider might document that the patient is stable, and rescheduling the patient’s appointment will not adversely affect his/her health.

## Resources

- American Hospital Association: *Hospital Billing and Collection Practices: Statement of Principles and Guidelines*
- Healthcare Financial Management Association: Patient Friendly Billing Resources
- Centers for Medicare & Medicaid Services, Medicare Learning Network: *Items and Services Not Covered Under Medicare*

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This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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5814 REED ROAD

FORT WAYNE, IN 46835

800-4MEDPRO

MEDPRO.COM

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