

Launch the New Year with Airtight Patient Financial Systems

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(Courtesy of ChiroHealthUSA)

One of the most important systems to have in place at the beginning of the year is a clear and concise policy for handling patient finances. Deductibles come due again, financial plans expire, and proactive steps on this front will avoid the financial disputes that often result in patients discontinuing their care prematurely. A simple, 3-step approach to worry-free financial communication goes a long way toward ensuring happy patients and a happy office.

Step 1: Obtain complete insurance information, if applicable.

Of course you'll photocopy the patient's ID card, but make sure you get a photo ID as well to avoid confusion later. Your verification process should follow a logical progression of questions and answers so that when you telephone the insurance company they can systematically help you fill in the blanks.

Before you even call the carrier you should make sure you've gotten the following information and have it in writing:

Patient's name, date of birth, and ID#

- Insured's name and ID#
- Insured's employer and group policy number
- Relationship of patient to the insured

On the call with the carrier, get specific coverage information and confirm the portion of their care for which the patient will be responsible. Questions for the insurance carrier should include:

- Effective date of coverage
- Amount of deductible, whether it's charged by the calendar or policy year, if it's been met for the current period, and whether it carries over from last year to this one
- Percent of coverage available, such as 80%, or specific co-payments required of the patient
- What limitations exist for chiropractic care--many policies have yearly, monthly, daily, or even "per-visit" limitations on care
- Whether chiropractic manipulation benefits differ from physiotherapeutic benefits, or if Evaluation and Management services benefits differ from other evaluative services
- If your office performs diagnostic tests such as x-rays, electro-diagnostics, computerized muscle testing, or range-of-motion testing, ask for specific benefits with relevant CPT codes at hand. Confirm whether pre-authorization is necessary and what the specific requirements are

Finally, get the name and mailing address of the carrier. Make sure you have the correct P.O. Box or street address for this policy. Sometimes, certain policy claims go to specific P.O. Boxes, so don't assume that you already know the address. Confirm it every time. Also, record the first and last name of the representative you spoke with, together with the exact date and time of the call. This information could be useful later.

Step 2: Communicate this information to your patient.

This financial consultation is typically performed on the second office visit. At that point your patients will know the doctor's treatment plan and will be concerned about costs and whether their insurance will help cover the expense.

Here are some very important points to consider when planning a financial consultation with a patient:

- The staff member communicating the financial aspect of care should not be averse to doing so. Not everyone is comfortable collecting or even discussing money. Assign a staff member who is a good communicator, who's firm but polite, and who is able to effectively explain the patient's coverage.
- This consultation should take place away from the front desk. It is never a good idea to have a patient discuss such a private matter within earshot of other patients who may be in your reception area. Select a quiet, private room where patients can feel comfortable discussing their finances and can be assured of privacy.
- Never end the financial consultation without being 100% sure that the patient understands what you have discussed and that he or she has had all of his or her questions answered. Nothing is as frustrating as a patient who drops out of needed care because he or she was confused or concerned about finances.

Step 3: Get it in writing!

We all know the adage, "If it isn't in writing, it doesn't exist." You must have a written agreement with your patients outlining his or her responsibilities. This form, known as a Financial Agreement, should lay out all of your policies concerning finances, your patient's responsibility, and any terms you have agreed to for payment. It is efficient to have this form printed on two-part NCR paper so that the patient can keep one copy and the other copy can be kept in the patient's file. This will certainly come in handy if, at a later date, a patient needs a reminder of a payment plan or is concerned when he or she receives a statement.

Finances in your chiropractic practice can be like the old joke about having an elephant in the middle of your living room. Everyone knows it's there, but no one wants to talk about it! These discussions do not have to be difficult, and they are a necessary part of the patient's healing process. By utilizing steps as outlined, you will minimize disagreements and stress over finances on the part of your patients, as well as your office staff. With worries over finances out of your patients' minds, they are free to concentrate on the healing process and take full advantage of the wonderful benefits of your care.

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