**DEBT MANAGEMENT POLICY**

## **Policy Statement**

* Practice Policy is that consultations are always to be paid on the day of appointment.
* All excisions and minor surgery procedures are to be paid prior to procedure.
* GP must explain cost to patient at prior consultation, and note this on the consent form (which is then scanned into patient file).
* Healthcare Assistant to ensure payment has been made before excision or minor surgery proceeds.
* If a patient leaves without paying, and without prior arrangement with office member.
* Receptionist to add a $5 account fee immediately to the account. (A=Admin fee). Annotate invoice to advise reason for additional fee and send text to advise.
* Receptionist to send Patient a text (TXTFEE) to advise of additional fee. Receptionist may use discretion with this if out of character – a phone call may be all that is required as it may have been a simple mistake
* Receptionist to set themselves a task for 7 days time to check if account has been paid. If it has been paid, the fee is to be removed. If not, it remains.
* If at the end of the month, the account has still not been paid,
* Accounts Administrator to add an additional admin fee of $10 at print run (A=Admin fee). Annotate invoice to advise reason for additional fee.
* A “Credit Hold” alert is to be put on the file.
* The patients account group is to be changed to “Credit Hold.” “Credit Hold” means that the patient must pay overdue account OR set up an automatic payment onsite before seeing a doctor or nurse, or at the very least pay for that day’s appointment.
* A letter (debt doc1) will accompany the monthly invoice to explain the situation and offering payment options.
* Once the patient pays their account in full OR has three consistent automatic payments received, the credit hold may be removed. If an automatic payment is set up, change account group to “Current AP”. If account is paid in full, return account group to ”Patient.”

Process for Continued Non Payment

* Send patient “Debt letter #2”
* Call patient to explain that no further treatment or service will be able to be provided unless the cost of that is paid upfront until the overdue account is paid in full (except in cases of emergency).
* Ensure that the “Credit Hold” alert is on the patients file and any other patients associated with that payer.
* Once the account is paid in full, the “Must Pay Upfront” alert can be removed and the account group status returned to “Patient”
* When booking an appointment for a patient that has a Credit Hold alert – please make patient aware that they will need to pay before being seen and place a $ in the margin of the appointment to remind reception staff. The minimum acceptable is that day’s consultation fee.
* If a registered patient with overdue debt presents for treatment, they can be triaged by a nurse for assessment.
1. If is deemed to be non-urgent, an appointment can be scheduled for when the patient can pay.
2. If it is deemed to be medically urgent, they will need to discuss payment options (APs/benefit redirection) with reception prior to being seen by the Doctor.

Patients with Automatic Payments Set Up

* Once a patient has three regular automatic payments coming through, a “Current APs” alert can be put on patient’s file. Also, change patients account group to “Current APs”
* Mel to print a monthly Trial Balance of payers in this a/c group to ensure their APs are keeping pace with their bill.

Returning and New Patients with Bad Debt History

* On enrolment, make the patient “Pay on Day”, “No Credit Permitted”. Patients will be encouraged to set up a small, regular automatic payment.

Casual Patients Who Present for Treatment with No Money

* Nurse to triage patient to assess urgency of assessment.
* If the patient’s situation is deemed to be “non-urgent” they can be booked with a Dr at a later date when they can pay.
* If it IS deemed to be a medical emergency, the patient will be treated. Reception to ensure all contact details are obtained including NOK, employer etc. If patient presents via ambulance bay, nursing staff to obtain correct contact details and send Mel a task to advise of patient’s non-payment.
* Mel to follow up to ensure payment is received.

Patients Who DNA Appointments

* Whomever monitors the Daybook is to send DNA patients the standard DNA outbox (DNATXT) text to advise of failure to present to appointment. Text is sent to Parent of a DNA child.
* A further DNA within a three month period is to incur the standard consultation fee appropriate to age of patient. Daybook monitor is to check and add fee if appropriate (A=Admin fee). Annotate invoice to advise reason for additional fee and send text to advise.

Patients with an Overdue Account who Pass Away

* Make patient “No Statement” immediately after advise of death has been received
* Send task to Accounts Administrator (Mel) to advise patient has passed away with outstanding account