

Patient Appointment Payment Process Flowchart

This document outlines an example of a step-by-step process for managing patient benefits verification and payment collection prior to and after a patient appointment. The flowchart provides a visual representation example of the steps involved, ensuring clarity and efficiency in handling patient financial responsibilities. **Disclaimer: The example provided is for illustrative purposes only and does not represent a complete or guaranteed solution for any specific practice. Each medical or dental office must assess its unique needs, workflows, budget, and operational requirements before designing or implementing any process changes. It is essential to tailor improvements to fit your practice's specific circumstances and consult appropriate professionals if needed.**

Flowchart Steps

1. **Verify Benefits**
 - Verify patient benefits 24-48 hours prior to the appointment.
 - This is done by the front desk staff member.
2. **Explain Benefits**
 - Explain the verified benefits to the patient at check-in.
 - This is done by the front desk staff member.
3. **Financial Policy Form**
 - Patient signs the financial policy form.
 - This is done by the front desk staff member.
4. **Collect Copay and Past Due Balance**
 - Collect copay and any past due balance if applicable.
 - This is done by the front desk staff member.
5. **Payment Capability Check**
 - If the patient is unable to pay the copay, they may be asked to reschedule their appointment.
6. **Provider Documentation**
 - At checkout, the provider documents the CPT codes performed.
 - This is done by the employee responsible for checkout duties
7. **Calculate Additional Balance**
 - The checkout desk calculates any additional balance due based on patient benefits, CPT codes, and insurance allowable.
8. **Patient Payment**
 - Patient makes the payment.
9. **Payment Capability Follow-Up**
 - If the patient is unable to make the payment, a statement will be sent electronically to the patient's preferred method after insurance pays.
 - The patient statement will include an easy way to pay online with a link to the merchant services secure site.
10. **Follow-Up Calls**
 - After three statements are sent and no payment is received, an office employee will place one phone call to the patient advising them that their payment is past due.
11. **Collection Agency Referral**
 - If 20 days after the phone call no payment is made, the patient will be sent to the collection agency.
 - If the patient is turned over to the collection agency, the balance in full must be paid prior to scheduling future appointments.
 - This is done by the Office/Practice Manager
12. **Outstanding Balance at Check-In**
 - If the patient comes to the office before three statements are sent and has an outstanding balance, the balance will be collected at check-in.

