



BULLHOOK

Community Health Center

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POLICY

PATIENT REGISTRATION AND SLIDING FEE SCALE ELIGIBILITY

4014

A. New Patient Registration

1. An individual formally becomes a patient of the Bullhook Community Health Center through the registration process.
2. A BCHC receptionist shall obtain all pertinent registration information and consent from a new patient using one or more of the forms listed below and enter the information into the practice management system:
 - a. Patient Information Form
 - b. Patient Acknowledgment Form
 - c. Patient Rights and Responsibilities Form
 - d. Health History Form
 - e. Income Verification Form
3. For billing and collection purposes, the receptionist shall ensure the completeness of the forms. The receptionist shall verify the information with the patient.
4. The payment source shall be identified and verified as one or more of the following sources:
 - a. Self-Pay
 - b. Commercial Insurance
 - c. Medicaid
 - d. Medicare
 - e. Other (i.e. Worker's Compensation Insurance)

B. Sliding Scale Patients

1. **Eligibility:** When a patient is scheduled they are informed of our sliding fee schedule and told that proof of income is required prior to qualifying and receiving a sliding fee discount. If the patient does not complete the required form's and bring proof of income (POI) they will not be eligible for the discount for that day of service, they do however have the right to reschedule the appointment until they can provide the proper documentation.
2. **Proof of Income (POI):** The BCHC sliding fee scale is based on federal government poverty guidelines. POI determines what discount category the patient qualifies under. POI must be updated every 12 months or earlier when financial or family size status changes. At the time of appointment, the Receptionist will review and request updated financial information from the patient.
3. **No Household Income:** If a patient is in transition and has no household income, they may be interviewed by staff that will fill out a zero-income verification form with the patient. After the eligibility staff has filled out the form they will review it with the patient and have them sign it. The income verification form will serve as the patient's POI.

C. Insured Patients

1. Patients who have private insurance coverage must present an identification card or some type of proof of coverage which indicates the insurance company's name, policy number, expiration date (or coverage period). The receptionist will make copies of the card and file one copy in each family member's medical chart. The Insurance Eligibility Specialist and/or Front desk staff will verify eligibility before the visit. If this cannot be verified the patient will be considered a "self-pay patient" and the insurance will be filed.
2. Private insurance patients must be advised that any unpaid balance shall be billed to the patient. If the patient is eligible and applies for the Sliding Fee Scale the unpaid balance will be discounted at the appropriate rate.

D. Medicare and Medicaid Patients

1. The Receptionist shall verify and make a copy of the patient's Medicaid and or Medicare card and verify Passport Provider status. If the patient is a passport, front desk will get authorization for that date of service. This number will be written on the copy of eligibility and noted from whom it was received from. This number will also be entered at registration on the insurance page in the system.
2. Once again, if the patient is eligible for the Sliding Fee Scale any portion of the coinsurance, and or deductible will be discounted appropriately.

E. Other Patients

1. Other third-party insurance coverage (i.e. worker's compensation insurance, state disability insurance, etc.) shall be verified.

F. Established Patients

1. Before the start of each day, the Bullhook Community Health Center receptionists will ensure the day's patient data is entered into the electronic medical record.
2. The personal information obtained during registration shall be reviewed and confirmed by front desk registration by asking the patient to verbally give their information and updated by the receptionist in the system.
3. When a patient with a delinquent balance comes in for care, the receptionist shall request either payment in full or a payment schedule for the patient's delinquent balance, as well as payments for the services the patient is about to receive to the extent possible.

G. Encounter Form Completion

The receptionist will ensure that the patient signs the Patient Information form prior to receiving any service at Bullhook Community Health Center.


 _____ DATE 5-23-18
 CHIEF EXECUTIVE OFFICER


 _____ DATE 5/14/2018
 CHAIR, BOARD OF DIRECTORS

Date first adopted	01/2008
Date Revised/QI Board approval	12/05/2012, 10/2014, 01/25/2017, 04/25/2018
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