A Simple Solution to Urgent Care Billing Woes

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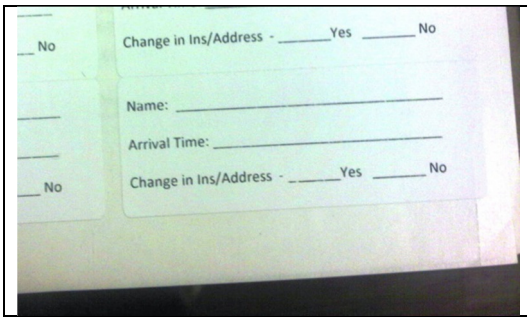
A frequent observation I've made at doctors' offices—including urgent care centers—is that the registration staff asks "established" patients if "any of their contact or insurance information has changed" since their last visit.



Urgent care sign-in sheet asks arriving patients to indicate "Yes/No" if there has been any "change" to their insurance or address.

Naturally, if a patient doesn't know what address, telephone or insurance information is in the center's records, they likely would not know whether that information is correct. And even if a patient has not changed jobs or moved, there is the possibility that the center's billing system contains erroneous data including typos, inverted digits and/or omissions.

Having correct patient demographics in the practice management system is the first step in assuring that the urgent care center gets paid for every visit it sees. When its billing system has inaccurate patient information, a center may experience:

- An increase in rejected insurance claims;
- An increase in accounts receivable days;
- An increase in returned patient mail; and
- An increase in bad debt write-offs.

In addition, the productivity and efficiency of billing and collections staff suffers as they spend time tracking down correct information from past patients and re-processing paperwork. An increase in billing administrative costs results.

The problems caused by not verifying patient information at the front desk for every visit has an easy, essentially cost-free solution: *print out the patient's demographic information, have the patient verify and initial that the information is correct, and keep the patient's attestation in the chart.* But having correct information also entails validating the information received. Health insurance identify theft prevention and HIPAA compliance require the health care provider to assure the patient is actually *who he says he is*, so at this time it is a good practice to check the patient's photo identification.

In regards to benefits eligibility, a patient may possess what on its face appears to be a "valid" insurance card but the patient could have left his/her job (without buying COBRA coverage), failed to pay the premiums on an individual policy, or have an unmet "out-of-pocket" deductible (making the patient responsible for the cost of the visit). So even if a patient's insurance information "has not changed" it's still a prudent practice for the front office to assess what insurance will pay (via the payer's website if not automatically through the practice management system) and to collect any co-pays, co-insurance or deductible directly from the patient at time of service.

With such tangible impact to the bottom line, that an urgent care center would not verify a patient's identity, contact information and benefits eligibility is mindboggling although it is very common to run across centers that either do not do these things or do not do them consistently with every arriving patient.