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## Business Office Operations Key Takeaways

### **Business Office Operations Policy 701: On Call Clinic and Hearing Aid Drop Off Procedure**

On-Call Clinic is designed for quick, routine hearing aid services (about 15-30minutes). Drop-off services are available too with a structured process for device intake and follow-up. Ensuring proper documentation, timely inspections, and clear communication with patients are key components of both procedures.

### **Business Office Operations Policy 702: Patient Check In Procedures**

The Business Office check in all patients before services are to begin. New Patients will sign in and complete paperwork, insurance card(s) and ID scanned into EMR, Co-pay collected if applicable, if no insurance verification, patient must pay privately or reschedule. Returning Patients will sign in and update paperwork if needed, if not seen in over a year, consents and insurance details must be updated.

### **Business Office Operations Policy 703: Patient Check Out Procedures**

Check-Out Process: Business Office personnel check out patients after services and collects payments. Clinician must enter superbill prior to patient checking out at window.

### **Business Office Operations Policy 704: Patient No Show Policy**

Patients must reschedule or cancel at least 24 hours in advance. If 2 no-shows in 90 days/semester → Services suspended until the next semester. We have a 15-minute grace period for all appointments. If the patient is after this time frame, they are rescheduled.

# Business Office Operations Policy 701

## On-Call Clinic and Hearing Aid Drop Off Procedures

Effective Date: July 1, 2023  
Supersedes Date: June 1, 2023  
Review Date: May 2027

**Policy:** The On-Call service is designed for brief (approximately 15 minute) visits to address routine hearing aid problems such as assessing hearing aids for possible repair, performing minor in-office repairs, changing earmold tubing, thin tubes, and receivers, obtaining earmold impressions, fitting earmolds/domes, and replacing accessories.

**Procedure:**

- I. When an established patient is scheduled during On-Call.
  - a. Patient arrives and signs in at front desk.
  - b. Business office checks patient in EMR system and ensures all appropriate paperwork is up to date.
  - c. Business office personnel direct patients to waiting area and informs the patient they will be seen as soon as possible.
  - d. After patient is seen, the supervising audiologist will complete the billing via the Superbill tab in IMS noting procedures completed and pricing for hearing aid services and products.
  - e. Clinician escorts patient to Business Office window to check out and to pay.
- II. Drop-off procedures when On-Call Clinic is not in session
  - a. Patient arrives at front desk and is given the in-office repair form to complete.
  - b. After completing the form, the patient turns in device(s) and form to business office personnel. Business office reviews the form to ensure completion.
  - c. Business office personnel tell patient they will be contacted by Audiology within two business days.
  - d. Business office personnel place device(s) and completed Hearing Aid Service Request Form in the red bin marked as "Drop Box" on top of the metal rack.
  - e. Any device dropped off before 12:00 PM will be inspected the same day. Any device dropped off after 12:00 PM will be inspected the following business day.

# Business Office Operations Policy 702

## Patient Check-In Procedure

Effective Date: August 9, 2023

Supersedes Date: May 1, 2023

Review Date: May 2027

Policy: Client Check in Procedures - Business Office personnel will receive and check-in clients prior to providing services

### Procedure:

#### I. New Patients

- a. Patient is received by individual at Front Office Desk and asked to sign in.
- b. Patient or legal guardian must complete new patient information via paper or on-line via the patient portal.
- c. Business Office Personnel
  - i. Scan patient's insurance card(s) (front and back) and photo ID into the EMR system
  - ii. Collect co-pay, if applicable
  - iii. Once patient is scheduled, they will be issued a portal login. In the portal, they will be able to complete all paperwork and upload a copy of their insurance card(s) and photo ID.
  - iv. If patient states they do not have their insurance card, an attempt is made to obtain verification of services. If carrier cannot verify coverage while patient is at the Center, the patient is informed that he/she will have to private pay for that day's service or reschedule the appointment.

#### II. Returning Patients

- a. Patient is received by individual at Front Office Desk and is asked to sign in legibly.
- b. The business associate will confirm that all paperwork (consents) and demographic information is up to date.
- c. If patient has NOT been seen within the past year, the business associate will:
  - i. Ask the patient to complete required paperwork (General Consent, Education Release, and Demographic Info if that has changed) and update information in the EMR.
  - ii. Scan in current insurance card (front and back) and photo ID.
  - iii. Check for eligibility with insurance carrier.

#### III. Therapy Patients

- a. First day of therapy patient will check in with business office and update any of the necessary forms or insurance card or IDs
- b. The business associate will scan insurance card (front and back) and photo ID.
- c. Complete needed paperwork if it has been over a year.
- d. Check with insurance for eligibility if not completed prior to visit.
- e. Collect co-pay each visit, if applicable.

IV. All Patients

- a. Patient should not be taken to clinic until all consents are signed.
- b. Clinician will complete the billing, and the patient will pay remaining charges at the time of check out.

# Business Office Operations Policy 703

## Patient Check-Out Procedure

Effective Date: August 9, 2023

Supersedes Date: May 1, 2023

Review Date: May 2027

Policy: Client Check-Out Procedures - Business Office personnel will check-out patients

Procedure:

### I. Patient Out

- a. Patient is accompanied to checkout by student or clinician -with completed billing and follow-up notes through EMR.
- b. Hearing aid repairs should be charged the day it is sent for repair (even if patient is not present)
  - i. Repair charges should include the following:
    1. Cost of repair,
    2. Shipping and handling,
    3. Electroacoustic analysis (monaural or binaural) if beyond the first year or out of warranty (not billed until that date of service, just quoted at this time)
    4. Unexpected additional charges may apply to the cost of the repair (i.e. recase); therefore, the patient should be advised of this possibility, and the additional charges will be assessed at the time of pick-up.
    5. Hearing aid orders should be charged the day of order.
      - a. Clinician should complete the Hearing Aid Purchase Agreement with the patient's signature at this time.
        - i. This form will be used by the Business Office associate at time of check-out.
        - ii. A copy should be made for the patient at this time too.
      - b. Clinician will complete billing in the EMR for the total cost of the hearing aid including shipping and handling, added items or accessories, earmolds and impressions if applicable, and service fees for the appointment.
      - c. Half of the cost of the hearing aid is due at time of order.
      - d. Remaining balance is due at the hearing aid fitting and orientation appointment
      - e. Service fees are separate from the cost of the hearing aid and are non-refundable.
- c. Business office personnel will total charges for the day in the EMR. If a patient does not have insurance coverage, they should private pay for services at time of check-out.
- d. All products and services are to be paid for when the patient receives them.

# Business Office Operations Policy 704

## Patient No Show Policy

Effective Date: September 3, 2021

Supersedes Date: May 1, 2023

Review Date: May 2027

**Policy:** It is the client's responsibility to notify the office at least 24 hours in advance of their scheduled appointment to reschedule or cancel. Individuals who fail to show for two scheduled appointments within a 90-day period or semester are informed that the Memphis Speech and Hearing Center will be unable to provide additional services until the following semester.

**Procedure:**

**I. Patients**

- a. All Patients seen at the Memphis Speech and Hearing Center (excluding other agreements) are subject to this policy to include University students, regardless of their insurance coverage.

**II. Patients Seen for Evaluations**

- a. The no show policy will be communicated to patients.
- b. A notice will be included in the paperwork sent to the client prior to the appointment.
- c. Notation of the no show will be noted in EMR.

**III. Patients Seen in Therapy**

- a. The business office staff will give the client the attendance policy in writing at the time of their first therapy appointment.
- b. Patients who have two unexcused appointments in a 90-day period may be dismissed from therapy. (Policy C-202). The dismissal letter is sent by the Practice Manager. The clinician must notify the Practice Manager of this need.