

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p>PRIVATE PATIENTS IN DHB FACILITIES - PAYMENT PROCEDURES</p>	<p>Policy 6.10.1 Protocol 3</p>
<p>PRIVATE PATIENTS PROTOCOL</p>		

STANDARDS TO BE MET

1. Private Patient Details – Status To Be Verified

Prior to admission or outpatient treatment, the Private Patient Co-ordinator undertakes to use all reasonable endeavours to:

- 1.1. Identify the patient as a bona fide insurance company member or as a self-payer
- 1.2. Obtain evidence of current cover and any restrictions, registration number (if the patient has private insurance), current address and, (if at this address less than 6 months), previous address.
- 1.3. Contact the insurance company (if the patient has private insurance) for confirmation of any aspects of the patient's details and eligibility for full cover that is otherwise unclear.

2. Pre-Authorisation - Private Patients Covered By Medical Insurance

- 2.1 Where the patient is covered by insurance the Private Patient Co-ordinator should notify the insurance company by phone or e-mail of the anticipated treatment, confirming the patient's details and entitlement to cover. Please note pre-authorization given will only be valid for a specified time period. If for whatever reason this timeframe lapses further authorisation will be required. The Private Patient Co-ordinator should ensure an authorisation is obtained from the insurance company (with the exception of outpatient appointments where it is the responsibility of the patient to obtain the pre-authorization).
- 2.2 Where the District Health Board (DHB) is seeking pre-authorization in order to be able to invoice for items that would not otherwise be eligible, then the insurance company must be faxed the request and return a faxed confirmation that authorisation has been given.

3. Undertaking To Pay (Form)

- 3.1 This form relates only to the contract established between the DHB and the Patient and deals only with the DHB's charges; except for all diagnostic radiology, pathology and imaging bills, which should include the Consultants' fees.
- 3.2 Except in emergencies, Consultants should not initiate private patient services that involve the use of DHB staff or facilities unless an undertaking to pay for those facilities has been obtained in advance of admission / treatment / tests from (or on behalf of) the patient, in accordance with the DHB's procedures.
- 3.3 It is the Consultants responsibility to ensure the 'Undertaking to Pay' form (PP2) is completed, and signed by the patient before any services are provided.
- 3.4 The patient will be notified in advance of all DHB services they are likely to receive along with an estimate of the cost of such services. The patient should be made aware by the Consultant that the anticipated services may change as a result of test or diagnostics findings.
- 3.5 The DHB will determine and make such charges for the use of its services, accommodation or facilities, as it considers reasonable.
- 3.6 Any charge will be collected by the DHB, either from the patient or a relevant third party.
- 3.7 A charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any DHB equipment that might have been used.
- 3.8 All patients will be expected to pay a deposit where they have no medical insurance, or provide details of their medical cover if insured. The deposit will be 50% of the estimated total cost. Where the actual cost of services received is less

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<p>Protocol Steward: Regional ACC & Non-NZ Resident Manager</p>	<p>Authorised by: Chief Operating Officer</p>	

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than the deposit paid the patient will receive a refund of the difference. Where the actual cost of services received exceeds the deposit paid the patient will be invoiced for the outstanding balance.

- 3.9 The DHB will bill the insurance company directly and not individual patients for in-patient and out-patient services except where the patient is not covered for the item of service, or elects not to use their insurance cover or provides incorrect information regarding their insurance company.

4. Billing - Outpatient Procedures

- 4.1 On receipt of the 'Undertaking to pay' forms (PP2) from the Consultant, the Private Patient Co-ordinator should cross reference the forms with the WebPAS entries and the 'Private Patient Notification' forms (PP1).
- 4.2 Once the forms have been cross-referenced the completed forms will be forwarded to Accounts Receivable for the processing of an invoice.
- 4.3 Where a patient has paid a deposit for treatment any balance outstanding should be invoiced and any overpayment should be credited back to the patient.
- 4.4 At the end of each month the Private Patient Co-ordinator will check the payment status with Accounts Receivable and update their records accordingly.

5. Billing - Inpatient & Day Case Procedures

- 5.1 The same process must be followed as with outpatients above, except the forms must not be forwarded to Accounts Receivable until the patient is discharged.
- 5.2 Once it has been confirmed that the patient has been discharged the Private Patient Co-ordinator should collect all the relevant information necessary to raise an invoice, and forward the forms to Accounts Receivable where an invoice will be raised.

REFERENCES

- Ministry of Health Operational Policy Framework 2011-2012

ASSOCIATED DOCUMENTS

- Bay of Plenty District Health Board policy 6.10.1 Private Patients
- Bay of Plenty District Health Board policy 6.10.1 protocol 1 Private Patients In DHB Facilities - Principles & Standards
- Bay of Plenty District Health Board policy 6.10.1 protocol 2 Private Patients – Management and Administration Procedures
- Bay of Plenty District Health Board Form FM.P13.1 Private Patient - Notification (PP1)
- Bay of Plenty District Health Board Form FM.P13.2 Private Patient - Undertaking to Pay (PP2)
- Bay of Plenty District Health Board Form FM.P13.3 Private Patient - Change of Status (PP3)

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