

AAHAM CRCS Exam STUDY MANUAL

CH 5 Credits and Collections

Charity Care - Answer- service provided that is never expected to result in cash flow. Charity Care results from a provider's policy to provide healthcare services free of charge or at a reduced cost to individuals who meet certain financial criteria.

Indigent - Answer- an individual who has no means of paying for medical services or treatments and is not eligible for benefits under Medicaid or any other public assistance program

bad Debt - Answer- an uncollectible account resulting from the extension of credit. examples of bad debt include patients who default from payment arrangements, skip, file bankruptcy without assets, or have insolvent estates, and guarantors who refuse to pay.

statute of limitations - Answer- the amount of time in which a claim must be collected before it is deemed paid or satisfied. No legal proceedings can be initiated after the statute of limitations expires.

How are periods of statute limitations determined - Answer- vary from state to state. Limitation periods are usually: LESS for open-end accounts or oral agreements
GREATER for notes or written agreements
GREATEST for judgements.

When Can the statute of limitations be extended? - Answer- May be extended under the following circumstances:

- Obtaining a written 'promise to pay',
- or a partial payment on the principal account,
- reducing the account to judgement immediately,
- executing a new contract with the guarantor whereby the creditor gives new consideration in exchange for a promise to pay.

What must a written collection policy include? - Answer- Admission policy,

- Minimum Acceptable payments,
- follow up policy including the title/role of the person
- public relations policy,
- charity care requirements and protocols,
- discount policy,
- practice of charging interest,
- contract amount implications,

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Debra P. Ferenc



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Insurance Handbook for the Medical Office Marilyn Fordney, 2015-11-26 Stay up on the latest in insurance billing and coding with Marilyn Fordney's Insurance Handbook for the Medical Office 14th Edition Trusted for more than 30 years this market leading handbook equips you to succeed as medical insurance specialist in any of today's outpatient settings Coverage emphasizes the role of the medical insurance specialist in areas such as diagnostic coding procedural coding Medicare HIPAA and bill collection strategies As with previous editions all the plans that are most commonly encountered in clinics and physicians offices are incorporated into the text as well as icons for different types of payers lists of key abbreviations and numerous practice exercises that assist you in accurately filling out claim forms This new edition also features expanded coverage of ICD 10 electronic medical records electronic claims submission and the HIPAA 5010 keeping you one step ahead of the latest practices and protocols of the profession Key terms are defined and emphasized throughout the text to reinforce understanding of new concepts and terminology Separate chapter on HIPAA Compliance in Insurance Billing as well as Compliance Alerts throughout the text highlights important HIPAA compliance issues to ensure readers are compliant with the latest regulations Emphasis on the business of running a medical office and the importance of the medical insurance specialist details the importance of the medical insurance specialist in the business of the medical office Increased focus on electronic filing claims submission prepares readers for the industry wide transition to electronic claims submission Separate chapter on documentation in the medical office covers the principles of medical documentation and the rationales for it Service to Patient features in most chapters offer examples of good customer service User resources on the Evolve companion website feature performance checklists self assessment quizzes the Student Software Challenge with cases on different payer types and an interactive CMS 1500 02 12 form to fill in NEW Expanded coverage of ICD 10 prepares users to code ICD 10 with the planned effective date of October 2015 NEW Added information on the electronic medical record and electronic claims submission including information on the HIPAA 5010 equips users for the transition between paper and electronic methods of medical records and links the CMS 1500 02 12 form to the electronic submissions process NEW SimChart for the Medical Office SCMO application activities on the companion Evolve website adds additional functionality to the insurance module on the SCMO roadmap

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Understanding Hospital Billing and Coding Debra P. Ferenc, 2013-02-26

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