	<b>Tenet Physician Resources Policy Job Aid</b>	<b>No.:</b> <b>JA.TPR.OPS.110.00</b>
	<b>Title:</b>  <b>SELF-PAY/PROMPT PAY DISCOUNT</b>	<b>Page:</b> <b>1 of 2</b>
		<b>Effective Date:</b> <b>10-15-12</b>
		<b>Retires Job Aid Dated:</b> <b>07-01-12</b>
		<b>Previous Versions Dated:</b>

**I. POLICY DEFINITIONS:**

Self-Pay – a patient with no documented insurance coverage or other means of reimbursement for financial responsibility. This classification does not include: a high deductible plan, auto accident or third party liability.


Third Party Liability – an occurrence whereby another party may be responsible for payment of a patient’s medical services, *e.g.*, a patient falls in a department store and the store anticipates paying for the service.

Prompt Pay – payment made in full at time of service.

Patient Responsibility – all amounts due from patients for services not covered by third party reimbursement. Includes balances from prior dates of service, legacy Tenet billing systems, and copayments, coinsurance and deductible for current dates of service.

**II. PROCEDURE:**

- A. Self-Pay Prompt Pay Approval. The form for requesting a Self-Pay Prompt Pay Discount by practice, market, and/or Region, will be completed with all required attachments and submitted for approval to the Tenet Health System Vice President – Finance, Physician Development and Vice President – Region Chief Financial Officer, or designee of either Vice President, prior to offering a discount. No discount will be approved that results in a payment below what a Medicare patient would pay for the same service, or violates other existing payer agreements.
- B. Following approval, the Self-Pay/Prompt Pay contract fee schedule will be loaded into the practice management system. The appropriate insurance class will be selected prior to final check-out/charge entry in order to calculate the approved adjustment.
- C. Pre-Service Deposit. At time of Registration, the patient’s financial status will be verified as Self-Pay/Uninsured and based on practice specialty (*e.g.*, Urgent Care Center) and market standards, if approved by Senior Manager-Operations or designee, a deposit equivalent to a CPT 99203 (New Patient Visit) or CPT 99213 (Established Patient Visit) may be collected prior to service with the balance due at the end of the visit.
- D. At time of Checkout, the final balance will be calculated and all remaining balance after any pre-service deposit and/or contract fee schedule discounts must be paid for the patient to remain eligible to receive the self-pay/prompt pay discount.
- E. If insurance coverage is identified or the patient can only make a partial payment, the prompt pay discount cannot be offered.

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- F. If the Self-Pay contract fee schedule has been loaded into the practice management system, the discount is calculated automatically. If the Self-Pay schedule has not been loaded, the discount will be tasked to the Client Services Representative at the Central Business office requesting immediate adjustment.

### III. MEASUREMENTS

Point of Service Collection Monitoring Report

### IV. STANDARDS

100% Self Pay patient financial responsibility collected at time of service

### V. REFERENCES:

### VI. ATTACHMENTS:

Attachment A – Self Pay Prompt Pay Discount Approval Form