

Professional Courtesy Discount Physicians

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Applicability	Departmental		
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PURPOSE:

To establish guidelines regarding discount for physicians and their immediate families as outlined below.

POLICY:

The Charleston Area Medical Center has created a professional courtesy discount for physicians and their immediate families (“spouse, parents, children living at home”). It is the policy of the Medical Center to follow the Medicare criteria for this professional courtesy discount. This policy will become effective October 1, 2004.

PROCEDURES:

- The professional courtesy is offered to all physicians on the entity's *bona fide* medical staff or in the entity's local community without regard to the volume or value of referrals generated between the parties.
- The health care items and services provided are of the type routinely provided by the entity.
- The entity's professional courtesy policy is set out in writing and approved in advance by the governing body of the health care provider.
- The professional courtesy is not offered to any physician (or immediate family member) who is a Federal health care program beneficiary, unless there is a good faith showing of financial need; CAMC's Uninsured and Charity Care Program would be the basis to determine financial need.
- If the professional courtesy involves any whole or partial waiver of any coinsurance obligation, the insurer is informed in writing of that reduction so that the insurer is aware of the arrangement;
- The professional courtesy arrangement does not violate the Anti-kickback Statue or any billing or claims submission laws or regulations.
- Eligibility for this program is limited to physicians practicing in the local community and their immediate families. This professional courtesy will be in the form of waving of all deductible and co-pay debt associated with services provided by the hospital, up to a \$500.00 cap.
- If the patient is deemed eligible and has no insurance, then the uninsured discount policy will apply. This policy would not cover any penalties, or increased coinsurance payments (due to negligence or non conformities such as pre-certifications, authorizations, out of network and others).
- If the claim is denied in total and no payment received from the insurer or insurance, third party payer, the patient is responsible for the entire debt, unless qualified under other CAMC assistance programs.
- Communication of this policy will be done through signage, brochures, and medical staff meetings.

Patient Accounts Procedures:

- Professional courtesy will be given and reviewed on a by-request basis. Individuals seeking or requesting a professional courtesy discount will be required to submit information verifying their eligibility for this program.
- This information will be submitted on a professional courtesy form (attached), for verification of eligibility and to ensure policy is followed appropriately. This form will be available at all points of registration, financial counseling areas and Patient Accounts. Applicants for this discount may contact a financial counselor at either hospital to help complete the form and provide assistance.

- The Patient Accounts Supervisor will review all forms for professional courtesy eligibility, with final approval by the Manager of Patient Financial Services.
- All adjustments will be made to a distinct professional courtesy discount code and forms will be retained in the patient's financial folder in optical imaging.
- A form letter stating the patient name, subscriber number, and date(s) of service will be sent to the claims department of the primary insurer. This letter will state the medical center's policy on professional courtesy discount and identify the dollar amount of the debt waived in regards to this policy.
- Records will be maintained for compliance reviews or audits to ensure policy and Medicare guidelines are followed.

Request for Professional Courtesy Discount

Patient Name _____

Home Address

(Street) _____

(City) _____ (State) _____ (Zip) _____

Relationship to patient:

Community Physician (self)

Medical Student (self)

Resident (self)

Spouse

Child

Parent

Date of Service(s) _____

Physician UPIN Number _____

Signature of requester _____

Approved: _____ **Date:** _____