



Patient Balance Questionnaire

Doctor's Office: _____

Please indicate which action you prefer in the following situations:

1. If a patient has no insurance and requests a discount at, or prior to, the time of service:
 - Discount by _____ % if paid in full within 30 days of the date of service
 - Discount by _____ % if paid in full within 60 days of the date of service
 - Discount by _____ % if the patient makes regular monthly payments (no time limit)
 - Discount by _____ % less if paid by credit card (Typical credit card fee around 2%)
 - Bill patient in full and require them to prove hardship in order to receive a discount.
 - Other:

2. If the provider is not contracted with the patient's insurance:
 - Discount by _____ % for **all** out-of-network patients (must be indiscriminant)
 - Other:

3. For hospital charges, if the hospital has discounted or written off the patient balance and the patient is requesting a discount:
 - Write off the same percentage as the hospital
 - Have the patient complete MBA's standardized forms to prove financial hardship
 - Other:

4. If the patient is deceased:
 - Bill family or estate
 - Write off as bad debt
 - Send to doctor for individual review
 - Other:

5. If the patient is homeless:
 - Turn over to collection agency
 - Write off as bad debt or Hardship
 - Send to doctor for individual review
 - Other:

6. If the responsible Party is currently unemployed and has discontinued payments:
 - Turn over to collection agency
 - Write off as bad debt
 - Send to doctor for individual review
 - Other:



7. For small balances that remain unpaid after reasonable efforts have been made to collect from the patient:

- Write off balances less than \$25.00 (MBA Standard) without contacting the provider
- Write off balances less than ____ without contacting the provider
- Other:

8. For delinquent accounts when a patient requests a discount or complete write-off, after collection efforts have been exhausted without success:

- Require the patient to complete a hardship form in order to apply for a discount
- Send to the provider for individual review
- Discount by ____ % if paid in full within 10 days
- Discount by ____ % if paid in full by credit card, over the phone
- Other:

Please list any other situations (ex: other providers) in which you always want the patient balance written off:

Please list any other situations (ex: unresolved mail returns) in which you always want the patient balance sent to a collection agency without your direction:

Who is the best person for MBA to contact regarding patient balances?

Our standard private collection routine is included with this questionnaire. If you would like to make a consistent change to this routine, please note the changes on the form and return it to MBA.

If MBA is unable to determine the best action for an individual patient account, your office will be contacted in order to determine the appropriate action.

Signature of Person Authorizing Policy

Date Signed