	The Johns Hopkins Health System	<i>Policy Number</i>	COL006
	Policy & Procedure	<i>Effective Date</i>	5/1/06
	<i>Subject</i>	<i>Page</i>	1 of 3
	Self Pay Collections Contact Scripts	<i>Revised</i>	

POLICY

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Division.

PURPOSE

To establish consistent, management approved, telephone communication protocols through the development of scripts based upon various collection scenarios. ie... contracts, collecting payments, etc...

PROCEDURE

PFS Message left by Daytime Collectors

Hello, my name is _____ I am calling from the (Johns Hopkins Hospital), (Johns Hopkins Bayview Medical Center), (Howard County General Hospital) collections department for _____ in reference to account # _____ Please return my call at _____ between the hours of 8:30 am – 5:00 pm. Thank you.

PFS Messages left by Evening Collectors (Ontario)


Hello, this message is for _____ please call (collectors name) at the (Johns Hopkins Hospital), (Johns Hopkins Bayview Medical Center), (Howard County General Hospital) collections department at _____ between the hours of 8:30 am – 5:00 pm.

PFS Collections when the Party Answers (Payment In Full)

Hello, may I speak to _____, (once patient/guarantor gets on the phone) Hello, Mr./Mrs. _____ my name is _____ and I am calling from the (Johns Hopkins Hospital), (Johns Hopkins Bayview Medical Center), (Howard County General Hospital) We have an account balance of \$_____ from date of service _____ when you were seen at our facility do you have any insurance for this visit? (If patient answers no) How would like to resolve this balance today, by check or by credit card?

Establishing Contract Payment Agreement/Payment in Full cannot be obtained

Hello, may I speak with _____, (once patient/guarantor gets on the phone) Hello, Mr./Mrs. _____ my name is _____ and I am calling from the (Johns Hopkins Hospital), (Johns Hopkins Bayview Medical Center), (Howard County General Hospital). We have an account balance of \$_____ from date of service _____ when you were seen at our facility do you have any insurance for this visit? (If patient answers no) How would you like to resolve this balance today, by check or by credit card? (Patient says I have no money to pay this) We can set you up on a monthly payment plan beginning _____ and subsequent payments would be due in the amount of _____ (negotiate up to limit on matrix, exceptions by Supervisor approval only) on the same day every month until balance is satisfied.

	The Johns Hopkins Health System	<i>Policy Number</i>	COL006
	Policy & Procedure	<i>Effective Date</i>	5/1/06
	<i>Subject</i>	<i>Page</i>	2 of 3
	Self Pay Collections Contact Scripts	<i>Revised</i>	

Broken Contract Payment Agreement

Hello, may I speak to _____ (once patient/guarantor gets on the phone). Hello, Mr/Mrs. _____ my name is _____ and I am calling from the (Johns Hopkins Hospital),(Johns Hopkins Bayview Medical Center),(Howard County General Hospital) collections department. We have not received your monthly payment to date, has your payment been mailed? If your payments are not made every month your account is subject to an outside agency.

Offering Charity Application

(After Establishing that patient is unable to make payment on account, and has been denied Medical Assistance).

Mr/Mrs. _____ I will send you a charity application today. When you receive the charity application please complete and mail back to us all the required information within 20 days. We will then determine if you are eligible to receive any assistance from this facility and mail you a letter of determination within 48 hours of your application being received.

Deceased Patient (not deceased at our facility)

(After apologizing for the family members loss) Can you please send us a copy of the Death certificate at your earliest convenience to my attention at 5300 Alpha Commons Baltimore Maryland 21224 suite 300?

Assignment Of Funds


(After notification that an Attorney is representing patient)

Hello, can I speak with (Attorney Name). This is _____ and I am calling from the (Johns Hopkins Hospital),(Johns Hopkins Bayview Medical Center),(Howard County General Hospital) collections department. I understand that you are representing

(Pt. Name) I would like to mail you an Assignment of Funds, can I please verify your address? Please sign and send the original back to me in the self addressed envelope provided. Thank You .

Pay On Line Options

We offer pay on line for your convenience, either credit card or e-check. Would you like to make payment today in full? (after information is obtained) Would you like me to e-mail you a copy of your receipt? I will need your e-mail address, if you do not have an e-mail address I can mail your receipt directly to you today. If you would prefer you may now go on line and view and pay your own account at (Howard County General Hospital www.hcgh.org), Johns Hopkins Bayview Medical Center www.hopkinsbayview.org), or (Johns Hopkins Hospital www.hopkinshospital.org). You may then print out your receipt for your records.

	The Johns Hopkins Health System	<i>Policy Number</i>	COL006
	Policy & Procedure	<i>Effective Date</i>	5/1/06
	<i>Subject</i>	<i>Page</i>	3 of 3
	Self Pay Collections Contact Scripts	<i>Revised</i>	

SPONSOR

Senior Director, Patient Financial Services, JHHS

REVIEW CYCLE

Three (3) years

APPROVAL

Senior Director, JHHS

Date

Director, PFS Operations JHHS

Date