



Subject: **SELF PAY REFUND**

Effective Date: **01/13/2022**

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Review Date: 20 __, 20 __, 20 __, 20 __, 20 __, 20 __

Approval: _____

I. TITLE: SP REFUND POLICY

II. PURPOSE:

To perform routine and consistent reviews of self-pay credits on accounts to determine any patient refunds due or account corrections in order to resolve patient credits.

III. POLICY:

The Credit Department will perform continuous and ongoing reviews of patient credits. Each review is to determine accuracy of payment/adjustments posted along with any credits owed back to the patient resulting from of an overpayment.

IV. GENERAL GUIDELINES/PROCEDURE:

Credits identified as self-pay are processed according to the following guidelines:

1. Review accounts with patient credit balances for accuracy of adjustments and payments in order to validate if credit results from a true overpayment.
2. The Credit Department is to follow established procedures to document and support any refunds/credit transfers made in each patient account.
3. Self-pay credits will be transferred and applied towards existing unresolved patient balance the patient may have in place of sending out a refund.
4. Credits will be processed and refunded directly to the patient/guarantor when no other open accounts pending insurance adjudication for the patient exist.
5. Credits will be processed and refunded directly to the patient/guarantor when no other open accounts with a patient balance exist.
6. Refund checks returned as undeliverable are to be documented in the account and then forwarded to Accounts Payable.
7. Credits where a patient's address is no longer valid are to follow established process for sending Due Diligence letters and then reporting to Finance Department for processing to the state as Unclaimed Property.

Individual Responsible for Policy Development/Revisions

Department Director

VP

01/18/2022

1/18/2022

DATE