

# PAYMENT FOR DENTAL CARE: POLICY AND STANDARD OPERATING PROCEDURES

## Purpose:

To guide the management of patients who are required to pay for services provided in the dental program (either uninsured patients or patients with insurance co-payments). [*Name of dental program*] acknowledges HRSA guidance which explains that, “sound billing and collection policies and their supporting operating procedures are critical to a health center’s ability to carry out both the sliding fee discount program requirement and the requirement to maximize revenue from public and private third party payers.”<sup>1</sup> [*Name of dental program*] also encourages patient education to ensure that patients are informed about their financial responsibilities in the dental care process.

## Policy:

### Dental Insurance:

Patient Service Representatives (PSR)/Reception staff [*or identify which staff will be responsible for this*] will make reasonable efforts to inform patients with information regarding their insurance policy. However patients will be made aware that their insurance policy is a contract between their insurance company and them. [*Name of dental program*] staff will look up each patient’s insurance online and/or call the insurance company to try to give patients the best available information regarding their plan such as: their maximum annual dental benefit, required co-insurance payments, and which services are covered under their plan. Patients are made aware that they are responsible for any insurance claims denied as a result of lack of eligibility or termination of coverage, as well as the fee for any services that are not covered by their plan. Income-based sliding fee discounts will be provided to all eligible patients for needed services not covered by their insurance plan. Also patients will sign an agreement prior to receiving non-covered services.

### Sliding Fee Discount Schedule:

[*Name of dental program*] offers a sliding fee discount schedule (SFDS) which provides discounts to qualified patients who are uninsured or underinsured. The SFDS is based on income and family size. It is updated annually as the Federal Government releases new Federal Poverty Guidelines (FPG). Sliding fee discounts are available to patients between 100% and 200% of the FPG. Patients at or below 100% of FPG will be charged a per visit

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<sup>1</sup> HRSA PIN 2014-02: Section VIII “Billing and Collections;” page 13.

nominal fee.<sup>2</sup> (If the patient is not able to pay the nominal fee, this can be waived by the CFO [*or identify which staff will be responsible for this*]). Patients above 200% of FPL are required to pay full charges.<sup>3</sup> HRSA's intention of the sliding fee discount program was to support the concept that patients can and should be monetarily invested in their care based on their ability to pay. However, the key purpose of the SFDS is to minimize financial barriers to care for patients at or below 200% of the FPG.<sup>4</sup> Therefore [*name of dental program*] reviews the SFDS program at least annually to ensure that neither the fees nor the implementation process creates barriers to care. Also, the health center governing board approves all policies relative to the SFDS and also ensures that it is patient centric, helps to improve access, and assures that services are not denied due to an inability to pay.<sup>5</sup> If a patient chooses not to provide the required income and family size information, they are therefore declining to be assessed for eligibility for the sliding fee discounts, and [*name of dental program*] will consider them ineligible for sliding fee discounts<sup>6</sup>. These patients will be considered full-pay, self-pay patients and will be responsible for 100% of all dental services fees.

All patients will be responsible for the full out-of-pocket payment amount due on the day when services are rendered. Patients will be able to meet with financial counselors if they have outstanding balances or will be unable to pay in full at the date of service. When scheduling the next visit, patients are advised that if balances are not paid in full, elective (non-emergent) dental care will not be started.

Notices regarding [*Name of dental program*]'s Sliding Fee Discount Schedule and Payment for Dental Care Policy will be posted prominently in the Dental Department. All new patients will be asked to sign a copy of the patient financial responsibility agreement.<sup>7</sup>

## Procedure:

### Billing Cycle

1. All claims, regardless of payer source(s), are processed by the billing department within one week of the date of service.
2. Patient statements are mailed every thirty (30) days for all patient balances.
3. The dental billing department will follow-up on all third-party claims that are outstanding more than 30 days. Denied claims from insurance due to ineligibility or exceeding maximum benefit allowance will be closed and the balance transferred to the patient account. The patient will receive notice in the mail requesting payment within 30 days of

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<sup>2</sup> HRSA PIN 2014-02: Section VII. C. "Establishing and Collecting Nominal Charges;" page 11.

<sup>3</sup> FQHC's may not offer discounts to patients above 200% FPG. (HRSA PIN 2014-02 Section IV "General Requirements" subsection 2, bullet 4; page 5). However, they can offer payment incentives such as prompt pay discounts, as long as the prompt payment discount is offered to ALL patients, including those on the SFDS. (HRSA PIN 2014-02 Section VIII, subsection B2 "Payment Incentives" page 15) SNS does not recommend this since payment should always be due at the time of service.

<sup>4</sup> HRSA PIN 2014-02: Section III "Background," page 4.

<sup>5</sup> HRSA PIN 2014-02: Section V "Governing Board Oversight," page 6.

<sup>6</sup> HRSA PIN 2014-02: Section VII. A. "Determining Eligibility for Sliding Fee Discounts," page 9.

<sup>7</sup> Health centers should establish multiple methods for informing patients of the sliding fee discount program. (HRSA PIN 2014-02: Section IV "General Requirements" page 5)

balance transfer. Other denied claims (for example due to untimely filing limit) will be closed and written off to bad debt.

4. If patient payments are not received within 30 days, the account will be flagged as delinquent through an alert in the patient's chart.

## New Patients

1. When a new patient arrives at [*Name of dental program*], a PSR provides them with a Medical and Dental History Attestation and a copy of all practice policies including the **Financial Responsibility Agreement**.
2. As part of the confidential patient registration process, insured patients are required to give their signature stating that they (1) authorize the payment of dental benefits to be sent to [*name of dental program*] and (2) understand and agree that they are responsible for the balance on their account for any services provided by [*name of dental program*]. A copy of their insurance card must be photocopied along with photo identification such as a driver's license (fraud prevention).
3. If the patient does not have dental insurance, or has limited dental insurance, patients are given the option to privately meet with a financial counselor to determine their eligibility for the SFDS based on their provided income information and family size. Requested income verification documentation may include: recent pay stubs, recent tax return, or letter from employer. If the patient is unable to provide proof of income (eg, gets paid in cash, does not receive pay stubs, did not file a tax return last year, and cannot get a letter from employer), the patient must complete a "Declaration of Income" form which is valid for one year. (*see attached sample*) The form must be included in their patient record.
4. [*Name of dental program*] requires patients to requalify for the sliding fee discount schedule annually.

## Established Patients with High Balances

If an established patient has an account balance greater than \$200 [*or enter desired account balance limit*], they are directed to a financial counselor to develop payment arrangements with the Dental Department and should have an account alert indicating that balances should be paid prior to scheduling/providing further *non-emergent* dental services. All established dental patients requiring emergency care will be appointed regardless of ability to pay and regardless of any outstanding balances.

## Refusal to Pay

According to HRSA, health centers are required "to make every reasonable effort to secure from patients payment for services,"<sup>8</sup> while also ensuring that "no patient is denied services based on inability to pay."<sup>9</sup> Some patients who, by the federal poverty guidelines, have been deemed "eligible to pay" for at least a portion of their care may refuse to pay the amount they owe for the services that were provided to them. For these reasons [*name of dental program*] has established a refusal to pay clause within our payment policy.

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<sup>8</sup> HRSA PIN 2014-02: Section III "Background," page 4.

<sup>9</sup> HRSA PIN 2014-02: Section VIII. B. "Billing Patients," page 14.

Our program defines “refusal to pay” as patients who have outstanding balances that have received monthly statements and have been past due for 120 days or more and have made no payments on the account in that timeframe. These patients are unwilling to meet with our financial counselor to set up a payment plan or explain a hardship that they are currently facing. After 120 days, monthly statements are stopped and the client is sent a refusal to pay letter. They will be granted 60 days from the receipt of the letter to either make a payment on their account (of at least 25% of the balance due), or set up a meeting with our financial counselor to prevent being dismissed from the practice. Two reminder letters will go out, the first after 30 days and the second after 45 days. After 60 days have passed they are sent a dismissal letter, a list of other safety net dental practices in the area, and the explanation that [*name of dental program*] will address their emergent dental needs for the next 30 days while they find a new dental home. If at any point the patient wishes to be reestablished as a patient, they are welcome to return after paying their outstanding balance due, and meeting with a financial counselor to discuss payment plans for the future.<sup>10</sup>

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<sup>10</sup> HRSA PIN 2014-02: Section VIII. Subsection B, #3. “Refusal to Pay”, pages 15-16).

## Declaration of Income Form

Patient Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone #: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Family Size (yourself, spouse and dependent children under the age of 18): \_\_\_\_\_

Annual Income: \_\_\_\_\_

Please List All Source(s) of Income: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

I hereby attest that the information provided above is complete and true to the best of my knowledge.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date