

Broad Top Area Medical Center Inc

Patient and Visitor Code of Conduct

Broad Top Area Medical Center Inc., (BTAMC) is committed to providing high quality healthcare in a safe, caring, inclusive environment at all our locations. To help promote an environment of safety and mutual respect between patients and providers, BTAMC requires the patients, their families, and visitors to abide by the requirements of this Patient Code of Conduct.

Patient/Visitor Responsibilities

As a patient of BTAMC you are responsible for:

- Attending scheduled appointments or notifying your provider as soon as possible if you need to cancel, in accordance with the BTAMC's Broken/Missed Appointments & Follow-Up Visits Policy. (See attached)
- Providing accurate and complete information about your present symptoms, past illnesses, hospitalizations, medications and other matters related to your health
- Reporting unexpected changes in your condition to your provider(s)
- Following the treatment plan recommended by your provider, nurse, and other healthcare personnel or helping us understand why you are not able to do that at the time
- Promptly paying for services in accordance with BTAMC's Patient Accounting/Collections Policy (See attached), including copayments and deductibles due at the time of service or making arrangements to do so.
- Respecting the privacy of other patients and their protected health information.

Code of Conduct

BTAMC aims to provide a safe and healthy environment for everyone and expects patients, staff and visitors to refrain from behaviors that are disruptive or pose a threat to the rights and safety of others. The following behaviors are prohibited:

- Possession of firearms or any weapon.
- Engaging in threatening, intimidating, or abusive conduct
- Using profanity or similarly offensive language
- Criticizing staff in front of other patients or staff members
- Making disrespectful or discriminatory comments, actions or requests about others' race, accent, religion, gender, gender identity, sexual orientation or any other identities.
- Verbal aggression, including yelling or other actions which disrupt the care and treatment of our patients
- Physical assault such as hitting or unwanted touching.
- Possession or being under the influence of drugs or alcohol.
- Photographing and/or recording of staff without written consent.

If you experience or witness any of these behaviors, please report it to a member of the health care team.

Our staff is dedicated to providing the highest quality of care to our patients. Please show them the respect they deserve as they carry out their duties. Patient and Visitors who do not comply with this Code of Conduct will be asked to leave. Thank you.

Broad Top Area Medical Center, Inc.

Policy and Procedure

Subject: Broken/Missed Appts. & Follow Up Visits	Supersedes Issue Date: 04/28/2016 Review Date: 12/11/2023 Effective Date: 05/26/2022
Section: Administrative	Page Number: 1 of 1

Policy:

In effort to encourage patient compliance regarding follow-up instructions of identified medical problems and/or requirements for return appointments for follow-up or preventative care services. Broad Top Area Medical Center, Inc. will send the appropriate follow-up letter for missed appointment(s) and/or call the patient to reschedule the appointment.

However, if the patient does not comply with practice protocol related to the provision of care, the staff physician can make the decision to terminate the care of that patient.

Procedure:

1. Established Patient No Shows

In the absence of extenuating circumstances, the patient will be sent a no-show letter. These scripted letters can be found in the Forms section of the Policy & Procedure flash drive titled BTAMC_No-Show Letter. In the event of extenuating circumstances, the Primary Care Provider will determine whether the letter should be sent, or the appointment should be rescheduled.

Missed appointments and attempts made by the provider's office staff to reschedule will be documented in the individual's medical record. The Co-Directors of Clinical Operations will designate the employee responsible.

Chronically not showing for appointment's (3 or more visits) at BTAMC or referral appointments outside of BTAMC without cancelling during a 12-month period may result in termination from the practice. See Policy & Procedure on "Termination/Dismissal of Patient Care"

2. New Patient No Shows

If a patient misses a New Patient Office Visit Appointment, they will be informed of the Broad Top Area Medical Center policy, that a no show for your first appointment **COULD** result in you not being able to reschedule another new patient appointment for a period up to 12 months. Termination/Dismissal of patient care will be at the discretion of the scheduling provider, in coordination with the Office Manager. The scheduling provider should review the reason for the missed appointment and review past medical records/medical severity before deciding if terminating/dismissing the patient upon their first missed appointment is appropriate.

Broad Top Area Medical Center, Inc.

Policy and Procedure

Subject: Patient Accounting, Collections	Supersedes Issue Date: 01/28/2020 Review Date: 05/08/2023 Effective Date: 08/26/2021
Section: Financial	Page Number: 1 of 1

Purpose:

Broad Top Area Medical Center, Inc. (BTAMC) must make and continue to make every reasonable effort to secure payment for services in accordance with the schedule of fees. Each year, a patient/guarantor is asked to complete and sign an Assignment of Benefits form, with annual registration renewal. The patient/guarantor is asked to sign a Consent to Treatment & Billing form at each encounter.

Policy:

Broad Top Area Medical Center, Inc. (BTAMC) will make all reasonable attempts to collect Accounts Receivable that are owed from third-party payors, as well as patients in a timely manner.

Procedure:

1. Patients without insurance coverage will be registered as “self-pay” at time of service. Collection of service fee(s) or applicable discount will be expected at time of encounter.
2. A patient/guarantor that is qualified for the Sliding Fee Discount Program will be responsible for applicable charge. Collection will be expected at time of encounter.
3. A patient/guarantor with insurance is responsible for their portion of the charges. Collection of co-pay or co-insurance is expected at time of an encounter.
4. For third-party payors that are billed via hard copy (paper form), claims will be billed no more than 14 business days from the date of encounter.
5. For third-party payors that are billed electronically from the Patient Accounting System in EHR, claims will be generated daily.
6. Once EFT (Electronic funds transfer)/ERA (Electronic remittance advice) is processed from the payor, the balance is turned over to “self-pay” status and becomes the responsibility of the patient/guarantor.
7. If no response is received from third-party payor within two months from billing cycle date, the Billing Specialist will research the claim and rebill the insurance carrier.
8. If no response is received from the second submission within three months from initial billing cycle date, the charge(s) will become the responsibility of the patient/guarantor.
9. Depending on the billing cycle, patient statements are generated on a weekly basis from the Patient Accounting System. Patient statements are issued monthly for any unpaid charges and/or balances.
10. Patient balances that have aged, over 180-days from initial billing cycle date with no attempts to make payment will be adjusted to bad debt by the Billing Director or his/her designee.