

Optometry Coding & Billing Alert

Reader Question: Don't Let Time Crunch Cost You Money

Question: I read your article last month where you advised asking patients for their insurance information when they make their appointments, and then verifying coverage with payers before the patients present for their appointment (Optometry Coding alert, v. 14, no. 9). We tried this and found it extremely time-consuming. Is this really necessary?

Answer: Although it's true that verifying coverage before patients present to your office can take up a lot of your practice's resources, putting it off can make "time consuming" a pretty expensive excuse.

You can argue that insurance information is ultimately the patient's responsibility, but patients may not necessarily understand the medical billing process enough to provide you with the information you need, and you have to protect yourself.

The most important step that you can take to get your patients to pay their share of medical bills promptly is to talk to them about their responsibility. When employees schedule appointments and gather insurance information, you should also have them advise patients that copayments are payable when they come in for their visit. You'll save time in the long run by not having to chase patients down for payments or put them into collections.

Although verifying coverage in advance is preferable, there may still be occasions when you are unable to verify the insurance coverage, or you find that the patient is not eligible for coverage on the day of the visit. In these situations, inform the patient of the problem and ask if he or she wants to reschedule the appointment unless it's an emergency or urgent visit. Otherwise, explain to the patient that the visit and services may not be covered, and that the patient must pay the bill. Make sure the patient signs an ABN in this situation.