

Please show the receptionist your insurance card when you check in.

Your co-pay is expected at the time of service, unless prior financial arrangements have been made through hospital management.



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Patient Deductible Awareness & Collection Checklist

(Front Office Representative Guide – Behavioral Health / Medical Practice)



New Year = Deductible Reset

Most insurance plans reset on **January 1st**.

That means your deductible may have started over – even if you met it last year.



What Is a Deductible?

Your deductible is the amount you must pay **out-of-pocket** each year before your insurance begins paying its portion.

Example

If **your deductible** is \$2,500 and you've paid \$500, you still have **\$2,000 remaining** before insurance begins sharing costs.



What to Expect at Your Appointment

- ✓ We verify your **benefits before your visit**
- ✓ We estimate your **patient responsibility**
- ✓ We collect deductible amounts at time of service
- ✓ We provide receipts for your records



Helpful Tips for Patients

- ✓ Review your insurance benefits **annually**
- ✓ Consider using HSA/FSA funds
- ✓ Ask us if you would like an estimate
- ✓ Update us **immediately** if your insurance changes



We're Here to Help

Insurance can be confusing — and we understand.

Our front office team is happy to walk you through your benefits and answer questions.

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Front Office Quick Daily Deductible Checklist



- Insurance verified
- Deductible amount confirmed
- Remaining deductible documented
- Patient educated prior to service
- Payment collected or payment plan signed
- Receipt provided
- Payment posted correctly
- Notes documented in EHR

Notes:



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PART 1: Understanding the Patient's Deductible

Step 1: Verify Insurance BEFORE the Appointment

Confirm:

- Active coverage
- Effective dates
- Plan type (HMO, PPO, EPO, etc.)


Verify:

- Annual deductible amount
- Deductible met to date
- Remaining deductible
- Copay vs. Coinsurance
- Out-of-pocket maximum



Document:

- Document** all findings in EHR
- Screenshot or upload **eligibility** verification

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PART 2: Determine Patient Responsibility for Today's Visit

Step 2: Determine What Applies to Today's Visit

- Identify CPT code scheduled (e.g., **90834**, **90791**, **99214**)

Confirm:

- Does **deductible** apply to this service?
- Is it subject to **coinsurance**?
- Is it **copay only**?

 Many plans apply **deductible before coinsurance** for therapy and E/M services.



Step 3: Educate the Patient (BEFORE SERVICE)

Script Example:

“Your plan has a **\$3,000 annual deductible**. You have met **\$1,200** so far, leaving **\$1,800 remaining**. Today's visit will **apply toward that deductible**. We **collect estimated patient responsibility** at the time of service.”

- Be calm, clear, and confident
- Avoid insurance jargon
- Offer printed estimate if needed



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PART 2: Collecting the Deductible

Step 4: Collect at Time of Service

Collect estimated deductible amount before appointment (if possible)

Accept:

- Card
- HSA/FSA
- Cash (if allowed)
- Provide receipt




- Document payment in PM system
- Apply to correct DOS
- Provide payment confirmation

If Patient Cannot Pay in Full

Offer Options:

- Partial payment
- Payment plan (if practice allows)
- Card on file authorization
- Written financial agreement

 Never promise "insurance **will cover it**" unless confirmed.

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PART 3: Ongoing Deductible Monitoring

↻ Step 5: Track Throughout the Year

- ✓ Recheck **deductible quarterly**
- ✓ **Re-verify** if insurance changes
- ✓ **Update** notes in EHR
- ✓ Monitor when **deductible** is met



Once deductible is met:

- ✓ **Inform** patient
- ✓ Adjust collections to **coinsurance** or copay



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PART 4: Handling Post-Claim Balance



After Claim Processes

- Review EOB

Confirm:

- Amount applied to deductible
- Patient responsibility
- Compare to amount collected

If Under-Collected:

- Call patient within 48 hours
- Send statement
- Offer payment options

If Over-Collected:

- Process refund promptly
- Notify patient



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IMPORTANT COMPLIANCE REMINDERS

- Never waive deductibles routinely**
(may violate payer contracts)
- Be consistent with collection policies
- Maintain HIPAA compliance
- Document all patient conversations
- Never guess** – verify benefits



Patient Education Points to Share

- Deductible resets January 1** (most plans)
- Preventive services may be covered at 100%
- Therapy and E/M often apply to deductible
- Meeting deductible does **NOT** mean services are **free**
(coinsurance may apply)

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