

Payment Policy | Provider Guidelines for Credit Card on File Requests



EFFECTIVE DATE: 05|01|2017
POLICY LAST UPDATED: 03|07|2017

OVERVIEW

The intent of this policy is to address when participating provider offices request that members provide their financial information (credit card, debit card or HSA/FSA card) to be kept on file at the office.

NOTE: This policy is not applicable to any services which are determined to be not medically necessary or not covered (i.e. cosmetic) for which the member has been notified in writing prior to the service being performed that the services is non-covered/not medically necessary and the member has provided their signed consent regarding their financial obligation.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Blue Cross & Blue Shield of Rhode Island does not allow for a patient's care, scheduling of care, or any services to be compromised and/or disrupted if a member chooses not to provide the requested financial information prior to a service being rendered.

If a member chooses to provide financial payment information, which they are not required or obligated to do, the provider must inform the member of an option that clearly outlines they have a right to indicate that no charges can be applied to their financial information on file without their written consent, and the provider shall comply with such a request.

If charges are applied without the member's written consent (even if the charges are determined to be the members liability), the provider will be responsible for any bank incurred penalties such as overdraft/overlimit due to insufficient funds.

The provider has the ability to follow their standard collection procedures in the event of an outstanding balance as long as such procedures meet all BCBSRI standards.

Exception: If a member owes an outstanding balance to the provider the provider has the right to not schedule any future routine or non-urgent appointments until the balance is paid in full.

COVERAGE

Not applicable

BACKGROUND

Increasingly more healthcare purchasers are selecting insurance plans that include higher deductibles and those with higher co-payments which have caused providers to evaluate and adjust their office policies related

to the collection of patient cost share for services rendered. As a result, provider practices may ask that members provide financial information (credit card, debit card or HSA/FSA card) to be kept on file.

As noted in provider contracts, physicians/providers shall not deny, limit or condition the furnishing of health care services or otherwise discriminate in the treatment of members in the quality of services provided to member on the basis of race, sex, age, religion, disability, national origin, place of residence, health status (including but not limited to medical condition; claims experience; receipt of health care; medical history; genetic information; or evidence of insurability, including acts arising out of domestic violence) or source of payment and shall observe, protect and promote the rights of members as patients.

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, April 2017

REFERENCES

Not applicable

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