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SPECIAL REPORT

7 Proven Ways to Make Your Billing & Collections More Profitable

From the Editors at Medical Office Manager

Special Report:

7 Proven Ways to Make Your Billing and Collections More Profitable

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7 Proven Ways to Make Your Billing & Collections More Profitable

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Introduction

7 Proven Ways to Make Your Billing & Collections More Profitable

As a medical office manager, you play a critical role in ensuring that your practice's billing and collections processes are efficient and profitable. Implementing these seven strategies can help you improve your medical office's billing and collections process, increase profitability, and ensure financial stability.

1 - Streamline Your Billing Process

Look for ways to automate and streamline your billing process, such as using electronic medical records (EMRs) and billing software. This will reduce errors, save time, and increase efficiency.

You know how important it is to have an efficient billing process. A streamlined billing process can help you reduce costs, increase revenue, and improve patient satisfaction. Consider these tips on how to streamline your billing process.

Automate Your Billing Process

With billing software, you can automate the entire billing process, from sending out invoices to processing payments. This can save you a lot of time and reduce the risk of errors. This starts with shopping for medical billing software. There are important factors to consider before purchasing medical billing software. To choose the best software for your small practice, consider the following factors:

1. **Budget:** Determine your monthly and annual budget for the software and whether you prefer a monthly or annual payment structure.
2. **Practice Management Software:** Decide if a comprehensive practice management software is a better fit for your practice, as it offers additional tools compared to standard medical billing software.
3. **Integrations:** Check if the software can integrate with your current computer applications and tools.
4. **Ease of Use:** Choose software with a simple user interface to avoid a big learning curve for your back-end staff.
5. **Specialty:** Ensure the software is suitable for your practice's particular billing needs.
6. **Electronic Medical Records:** Confirm if the software includes access to Electronic Medical Records for a smoother billing process.

7. **ICD Code Converter:** Choose software with an ICD-10 code converter to ensure prompt and correct insurance claims submissions.
8. **Insurance Eligibility Tool:** Opt for software with an insurance eligibility tool to seamlessly determine if a patient's procedure will be covered.
9. **Patient Portal:** Consider software with a patient portal to allow patients to manage appointments and pay bills online.

Before making a final decision, build a list of priorities in terms of features, tools and other important factors. Take the time to become familiar with the features available and make sure you choose the software that meets your specific needs.

Use Electronic Claims Submission

Electronic claims are any medical claims you create and submit digitally, with no paper or postage trail. Electronic claims submission can save medical practices invaluable time and money while improving claims quality and tracking. You can submit electronic claims through either self-service or outsourced full-service models.

Electronic claims submission is a faster and more efficient way to submit claims to insurance companies. With electronic claims submission, you can submit claims quickly and easily, which can help you get paid faster.

Regularly Monitor Your Billing Process

It's important to regularly monitor your billing process to identify any areas that need improvement. This can help you identify any billing errors or issues before they become a problem.

Train Your Staff

Your staff should be trained to handle billing and insurance issues. They should be familiar with your billing policies and know how to handle patient inquiries. By providing your staff with the right training and tools, you can improve the efficiency of your billing process.

Use a Patient Portal

A patient portal can help you improve patient satisfaction by providing patients with easy access to their billing information. With a patient portal, patients can view their account balance, pay their bills, and communicate with your office about billing issues.

In conclusion

Streamlining your billing process is essential for the success of your medical office. By automating your billing process, implementing clear billing policies, using electronic claims submission, monitoring your billing process, training your staff, and using a patient portal, you can improve the efficiency of your billing process and enhance the overall patient experience.

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2 - Verify Insurance Coverage

Verify insurance coverage before appointments to avoid denied claims and ensure that you receive payment for services rendered.

To verify insurance coverage before appointments and avoid denied claims, a medical office can follow these steps:

1. **Collect patient information:** The medical office should collect the patient's insurance information, including the name of the insurance company, policy number, group number, and any other relevant information.
2. **Contact the insurance company:** The medical office should contact the patient's insurance company to verify coverage. This can be done by phone, fax, or online. The medical office should have a list of the insurance companies that they work with and their contact information.
3. **Verify patient eligibility:** The medical office should verify that the patient is eligible for the services they are seeking. This means checking that the patient's insurance plan covers the specific procedure or service that they need.
4. **Check for pre-authorization requirements:** Some insurance plans require pre-authorization for certain procedures or services. The medical office should check if pre-authorization is required and take the necessary steps to obtain it before the appointment.
5. **Confirm co-payment and deductible amounts:** The medical office should confirm the patient's co-payment and deductible amounts. This information will help the office to collect payment from the patient at the time of the appointment.
6. **Document the verification process:** The medical office should document the verification process, including the date and time of the call or online verification, the name of the person they spoke with, and any notes or comments about the coverage.

By following these steps, the medical office can avoid denied claims and ensure that they receive payment for services rendered. Verifying insurance coverage before appointments helps to prevent surprises and confusion for both the patient and the medical office, and it helps to ensure that the patient receives the care they need while the medical office gets paid for their services.

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3 - Set Clear Payment Policies

Clearly communicate your payment policies to patients, including co-pays, deductibles, and out-of-pocket costs. This will help avoid confusion and ensure that patients understand their financial responsibilities.

Implement Clear Billing Policies

Your billing policies should be clear and easy to understand. This will help you avoid misunderstandings and billing disputes. Make sure that your patients are aware of your billing policies and that they understand what they're responsible for paying.

Here is a sample policy that you can adapt for your own practice:

Model Policy: Billings, Collection and Financial Policy

Why you need this policy

Doctors have every right—and need—to be paid. But getting patients to pay their bills on time is a major challenge that forces you to confront a bewildering array of regulatory requirements, managed care and insurance contracts, and ethical constraints stemming from the doctor-patient relationship.

How this policy helps you

The centerpiece of juggling all of these requirements is to establish a financial policy that tells patients how they will be billed for the services they receive. In addition to laying the legal groundwork for billing and collection, including by a third party collection agency, a well-crafted financial policy plays a key role in providing effective communications with patients and preventing misunderstandings that can fester into nasty payment disputes.

How to use this policy

This Model Policy is for a medical group practice and is based not on any single example but a "greatest hits"-type of amalgamation of best practices and cutting edge provisions from provider models across the United States. Of course, no two offices do all things exactly the same way. So you'll need to modify the Policy—particularly the provisions regarding insurance—to your own circumstances, including the provisions of contracts with insurers and payers you deal with, as well as any regulatory requirements that apply in your particular state or city.

XYZ Medical Group
Billings, Collection and Financial Policy

1. Statement of policy

The physicians and staff of XYZ Medical Group are pleased to welcome you to our facility and to let you know that we are dedicated to not only providing you the very best medical treatment but to ensuring that your patient experience is a pleasant one.

2. Purpose

We have developed these financial policies to help you understand our patient billing policies and procedures to avoid any miscommunications about the handling of your bills and accounts. Being familiar with and following this Policy will go a long way in ensuring you a pleasant patient experience and maintaining the understanding and respect that are so important to the physician-patient relationship.

If you have any questions or do not understand any aspects of this Policy, please contact the XYZ Medical Group [*list contact person(s) or department and information*].

3. Check your coverage before making an appointment

We fully understand that health insurance plans and benefits can be quite confusing. But we also want to remind you that it is your responsibility to be familiar with the key aspects of your benefits plan, including whether it covers the specific

treatment you seek from XYZ Medical Group. If you are unsure of your coverage, we ask you to please call your insurance provider using the customer service telephone number listed on your insurance card before scheduling your appointment with XYZ.

4. Registration

When you arrive for your initial visit to XYZ, one of our patient service representatives will collect your billing information including your:

- Address;
- Telephone number;
- Social security number;
- Birth date;
- Insurance information;
- Employer information;
- Emergency contact information;
- [*List any other patient information you collect during registration.*]

Keeping this information up-to-date is very important. Accordingly, when you arrive for each subsequent visit to XYZ, one of our receptionists may ask you to verify that this information remains true and revise information that is no longer up-to-date before you see a physician.

5. Billing and payment

Patients are ultimately responsible for paying for the care they receive even if they have insurance coverage. For your convenience, XYZ Medical Group accepts cash, personal checks, and [list the credit cards your practice accepts].

1. **Health Insurance:** If you will be using health insurance to settle your account, you will be asked to present your current insurance card at each visit. This includes federal Medicare and [state name] Medicaid. XYZ will also collect any co-insurance payment that applies under your insurance for the visit.

   XYZ will gladly file a claim on your behalf with your health insurance company for the treatment you receive. We will file an initial claim based upon the information that you provide to us. Under state law, your insurance company has [*fill in*] days to process and pay the claim, request more information, or deny the claim and notify us of the

decision. If does not notify us within [fill in] days of the date of service, it will be assumed that your insurance coverage is no longer in force and you will be responsible for the unpaid balance. You are also responsible for services you receive from XYZ that your health insurance plan does not cover.

2. **Self-pay:** [*Insert your practice's self-pay policy. Example:*] If you are self-pay, you will be expected to pay the day's charges on the day of the service. You will also be billed for any additional charges for tests and other services delivered after your visit. If you are having surgery, you will be expected to make mutually agreeable payment arrangements before receiving the service. If the service is considered elective, payment must be made in full before services are performed.
3. **Workers' Compensation:** [*Insert your practice's workers' comp policy, if any. Example:*] XYZ Medical Group physicians provide services under workers' compensation plans. If you need to see a physician for an injury or illness related to your employment, please have your employer or workers' compensation case manager make the appointment for you. You will need to provide us with the case number as well as the address to which the bill is to be sent.
4. **Discounts:** [*Insert your practice's discount policy, if any. Example:*] XYZ Medical Group offers discounts of 10% to patients who pay for the services they receive in cash. Patients who pay their bills on or before the date payment is due may also receive discounts of 15%.
5. **Financial assistance:** [*Insert your practice's financial assistance policy, if any. Example:*] XYZ Medical Group offers financial assistance to needy patients through its XYZ Financial Help Program. To qualify for such assistance, you must complete an application listing information about your current financial situation within 30 days of the date you receive services from XYZ. Contact the XYZ Medical Group office manager, Betty Jones, at (123) 456-7890, or bettyjones@XYZmedicalgroup.com, for more information about the XYZ Financial Help Program.
6. **Uncanceled appointments fee:** XYZ requests that patients please give at least 24 hours' notice (one business day) if they will not be able to keep their appointment. Patients who fail to provide appropriate notice will be charged a cancellation fee of $50.

7. **Returned checks fee:** XYZ Medical Group will charge a returned check fee of $35 for any returned check returned by your bank for non-payment (insufficient funds).
8. **Billing statements and invoices:** XYZ will send you an itemized billing statement listing each thing you are being billed for and the balance due for the item from both you and your insurance company. Patients with a personal balance will receive a monthly statement showing the specific amounts due. These statements are due upon receipt. Because the posting of payments can sometimes be posted some days after the day of payment, there is a chance that payments made by you or your insurance company will not appear on the statement. These payments will be reflected in your next billing statement. If they do not, please contact an XYZ Medical Group patient services representative so we can investigate and determine what to do about the situation.
9. **Past due accounts:** Past-due accounts are not just an inconvenience; they cost XYZ Medical Group money and time. Accordingly, patients with delinquent accounts will be required to make payment at the time of service. If you are unable to make mutually agreeable payment arrangements at that time, we will be glad to reschedule your appointment to a time when you will be able to pay. XYZ also charges interest at an annual rate of [*list %*] on all past due patient balances.
10. **Collections:** XYZ Medical Group will refer the following accounts to a third party collection agency:
    - Accounts with balances over $200 that are older than 90 days;
    - Accounts with balances over $500 that are older than 120 days;
    - Failures of patients to honor agreed-upon payment terms under a settlement or rescheduling agreement regardless of the amount due or age of the account.

    If XYZ refers your account to a collection agency, you must pay all past due amounts or make agreeable payment terms before you can schedule any more appointments with XYZ physicians. Failure to make payments and honor repayment agreements may also be grounds for XYZ Medical Group to terminate you as a patient under its Patient Termination Policy.

11. **Billing questions and concerns:** If you have any questions or concerns regarding your account or insurance claim, including what you think may be errors in your billing statement, contact the XYZ Medical Group patient services department. Our representatives will make every effort to assist you, clarify any misunderstandings, and provide you the information you need to resolve your problem and restore your account to good standing.

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4 - Use Payment Plans

Offer payment plans to patients who can't afford to pay their bills in full. This will increase your chances of receiving payment while helping patients manage their finances.

1. **Train front office staff** to be courteous and friendly to patients, as people are more likely to pay those they like.
2. **Provide multiple payment options**, including online payment methods, as it is the preferred method for most patients.
3. **Offer a card-on-file service** that securely stores a patient's credit card information, making it easier for them to pay their bills.
4. **Use digital communication tools** such as email, text, chatbots, and patient portal messaging to remind patients to pay their bills and enhance their experience.
5. **Have clear billing follow-up procedures**, including informing patients of past due balances at check-in and sending electronic or paper reminders at set intervals.
6. **Provide a text-to-pay option**, as over 85% of Americans use smartphones, and many prefer text communication, making it a simple and effective measure to encourage payment.
7. **Allow multiple payment options**. Similar to communication methods, there are several payment methods that different people prefer. For some, a payment plan might be their best option. For others, credit card payments. For yet others, cash or checks. Sometimes, patients want the ability to finance their medical procedure through a healthcare financing company. Make sure your practice can accept multiple forms of payment to optimize your collections.

One manager's solution

Because staff don't like asking patients for money, one manager set up a non-confrontational form that gets patients to pay their outstanding balances at registration. The billing department

attaches it to the charts each morning, and the front desk staff hand it to patients with, "Oh, by the way, there is a note here for you from the billing department."

The form was designed for a four-physician, 10-staff family and internal medicine practice. At the top of the form are the date, the patient's name and account number, and the amount the patient owes, not the insurance balance. Below that, the biller checks the reason for the payment which can be customized to fit any office. This particular office lists copay, coinsurance, and deductible. There's also a box for "no insurance," meaning the patient is self-pay and owes the entire amount.

There's also a box for "need insurance information," which is checked when the patient forgot to bring the card at the previous visit. For that situation, the form shows the insurance payment due, and when people see they owe $8,000, it's amazing how quickly they can find their cards.

When the receptionist gives the patient the form, she asks, "How would you like to take care of that today?" Most patients pay in full right there, but, if not, the receptionist asks, "How much can you send in?" Then the patient fills out the bottom section where there's a line saying, "I agree to pay $ _____ by (date)" followed by another line for the signature. If the money is not paid by that date, the office begins its collection calls, starting with, "We have a form you signed stating you would send $X by this date."

If the patient has questions, the receptionist steps out of the picture with, "Let me get our biller for you. Would you like to talk with her here, or would you be more comfortable if I take you back to the billing department?" Most of the time, the response is, "Oh, never mind. I'll pay."

When the office began using the form, it saw an immediate increase in patient pays of about 35%, and that level has continued. Moreover, there's little resentment toward the form. It's a nice way to explain quickly what's owed and why.

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5 - Avoid Unpaid Claims

Follow up on unpaid claims promptly, and resubmit any denied claims with the necessary information. This will help you recover lost revenue and prevent future denials.

Denial rates can increase for a number of reasons including coding errors, charge entry mistakes, payer errors, missed payer deadlines, and medical necessity denials. To lower denial rates, put clear internal processes in place to help staff members identify errors prior to claims submission.

In the case of payer errors and medical necessity denials, do your research and file appeals when necessary. Doing so could reduce lost revenue in the long run.

Here are four essential steps to follow:

1. Improve your data quality

Make sure your front office staff checks patient eligibility and determines if the services to be provided are covered by their insurance. Simple clerical errors such as misspelled names or missing Social Security Numbers can result in claim rejection, wasting both time and money. Prevent this by improving the data quality of every claim.

2. Review your coding processes

If you're experiencing high numbers of claim denials due to insufficient medical necessity, consider additional training for your clinicians. Ensure good communication exists among clinicians, medical billing staff, and coders to prevent this from happening in the first place. Monitor your medical necessity denials and put necessary processes in place to prevent them.

3. Focus on pre-authorization

Neglecting to get pre-authorization can be costly for your practice. Your practice management software can help by flagging certain procedures and insurers, but make sure your staff knows which insurers require pre-authorization and for what. Consider dedicating certain employees to this process if your staffing volume allows.

4. Submit claims on time

Each insurance company has a time window in which you can submit a claim. If you hold on to a claim for too long, you likely won't get paid. Some insurers require claims to be submitted within 30 days of service while others give 12 months. Claims may also be denied for timely filing if they're not submitted in time or if you resubmit a denied claim. The solution? Submit clean claims and proactively follow up to ensure they're received by the insurance carrier.

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6 - Train Your Staff

Train your staff on best billing practices and ensure they are up to date with any changes in insurance regulations. This will help reduce errors and improve efficiency.

Staffing issues

Well-trained staff is your best line of defense for preventing high account receivables. A few key ways to address staffing issues are to take measures to hire qualified employees and offer ongoing training programs as needed.

Staff who lack an understanding of revenue cycle management are more likely to make the following mistakes:

- Internal billing and coding errors;
- Failing to prioritize patient collections;
- Failing to properly educate patients about payment policies; and
- Not verifying insurance for every patient;

The number of accounting issues your practice could face due to unqualified or unmotivated staff members is endless, but why take the risk? Narrow down the most common issues leading to high accounts receivables in your practice and train or hire staff where applicable. If finding qualified staff is an issue, consider outsourcing your revenue cycle management.

1. **Provide comprehensive training:** Offer thorough and ongoing training sessions to educate your staff on the latest billing and coding procedures. This should include instruction on how to properly use software, how to code for different services and procedures, and how to submit claims to insurance providers.

2. **Foster a culture of compliance:** Encourage your staff to adhere to compliance regulations and guidelines. Make sure they understand the importance of accurate billing and coding, and emphasize the consequences of noncompliance.
3. **Establish clear policies and procedures:** Develop clear policies and procedures for billing, coding, and collections. Make sure your staff is familiar with these guidelines and knows what to do if there is an issue.
4. **Monitor performance:** Keep track of your staff's performance when it comes to billing, coding, and collections. Identify any areas where improvement is needed and provide additional training and support as necessary.
5. **Stay up-to-date on changes:** Stay current with changes to billing and coding regulations and procedures. Make sure your staff is informed of any changes that may affect their work.
6. **Emphasize customer service:** Your staff's interactions with patients can impact your collection rates. Train your staff on how to communicate with patients effectively and respectfully, and provide them with the tools they need to resolve any billing issues.

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7 - Outsource Your Billing & Collections

Consider outsourcing your billing to a reputable third-party vendor if your practice is struggling to keep up with billing and collections. This can save time and money, and help you focus on patient care.

Outsourcing medical billing can provide several benefits for your medical office. Here are some reasons why you might want to consider outsourcing your medical billing:

1. Expertise and Experience. Medical billing companies have a team of experts who are experienced in dealing with complex medical billing issues. They have a deep understanding of medical billing codes, insurance policies, and claim submission requirements. By outsourcing your medical billing, you can benefit from their expertise and knowledge, which can result in faster payment and fewer claim rejections.
2. Cost-Effective Outsourcing your medical billing can be a cost-effective solution for your practice. Hiring and training in-house billing staff can be expensive and time-consuming. Outsourcing can save you money on salaries, benefits, and overhead costs, as well as provide you with a predictable monthly billing cost.
3. Increased Efficiency Medical billing companies have streamlined processes in place to ensure that claims are submitted accurately and in a timely manner. By outsourcing your billing, you can free up your staff's time to focus on patient care, rather than spending time on billing and administrative tasks.
4. Reduced Errors and Denials Medical billing companies have specialized software and tools to ensure that claims are submitted accurately and in compliance with insurance policies. By outsourcing your billing, you can reduce errors and denials, resulting in faster payment and fewer rejections.
5. Improved Cash Flow Outsourcing your medical billing can result in improved cash flow for your practice. With faster

payment and fewer claim rejections, you can receive payment for your services in a timely manner, which can help you manage your practice's finances more effectively.

3 legal protections to include in your patient debt collection agency services contract

Outsourcing can be an effective way to overcome patient collection challenges. But it can also backfire if the collection agency you contract with uses illegal, unethical or insensitive collection tactics. One of the keys to managing these risks is to include proper legal protections in your services contract. This article covers the three legal protections you should include in your collection agency contract.

Why the contract is so important

Of course, services contracts with your vendors are important no matter what business you are in or which function you outsource. But contract terms are even more important when the service provided is debt collection and the debts collected are medical debts.

- **Liability risks:** Medical debt collection is subject not just to general commercial consumer lending laws like the Fair Debt Collection Practices Act (FDCPA) and Fair Credit Reporting Act (FCRA), but also health care specific regulation including the Health Insurance Portability and Accountability Act (HIPAA).
- **The ethical dimension:** Debt collection requires not simply compliance but sensitivity and recognition that debtors are the client's customers. And when the client is a medical practice and the customers are *patients*, conducting the collection process with dignity and respect becomes not only a business but an ethical imperative.
- **The community dimension:** Medical practices and their representatives must be guided by not just the provider-patient relationship but the mission to serve their community. Unsavory collection practices by your vendors can also generate negative press that harms the reputation you worked so hard to build.

3 essential legal protections

The first thing you need to do is to select a reputable collection agency, preferably one that adheres to industry guidelines like the best practices for medical debt collection created jointly by the Healthcare Financial Management Association and Association of Credit and Collection Professionals. The next step is to ensure your services agreement includes three protections.

1. HIPAA liability protection

Problem: To help it collect the debt, you may have to provide the agency what HIPAA defines as "protected health information" (PHI) about patients, including their name and tests performed. In so doing, the agency becomes your "business associate" under HIPAA. **Result:** If the agency compromises the PHI, *you* may be liable. **Example:** The Minnesota Attorney General charged a pair of local hospital systems with failing to protect the privacy of PHI they provided to their debt collection agency/revenue cycle management vendor.

Solution: You and the agency must make a separate agreement called a "HIPAA business associate contract" that:

1. Specifies how the agency will use and disclose the PHI you provide;
2. Bans agency uses and disclosures for any purpose not expressly allowed under the contract or required by law;
3. Requires the agency to take security measures to protect the PHI;
4. Requires the agency to provide notification of security breaches or unauthorized uses or disclosures as required by the Health Information Technology for Economic and Clinical Health Act (HITECH);
5. Requires the agency to give patients' access to their own PHI in accordance with HIPAA requirements, e.g., letting patients request copies and amendments to the information;
6. Requires the agency to make its books and records available to HHS auditors;
7. Requires the agency to destroy the PHI after the agreement ends;
8. Requires the agency to hold the subcontractors to which it entrusts your PHI to privacy restrictions at least equivalent to the ones set out in your services agreement; and
9. Lets you terminate the contract if the agency violates its privacy obligations.

2. Other liability protections

Problem: Agency violations can result in liability to your medical practice under *other* laws, including:

- **The FDCPA**, which bans deceptive or abusive conduct, e.g., calls at odd hours or to the debtor's employer to collect consumer debts;

- **The FCRA**, which requires agencies to investigate and verify accuracy of information about debtors they provide to credit bureaus, medical information companies and other consumer reporting agencies;
- **The Gramm-Leach-Bliley Act**, which requires agencies to protect the privacy of debtors' personal information;
- **The Federal Trade Commission Act**, which bans debt collection activities that constitute deceptive or unfair trade practices;
- **The Affordable Care Act (ACA)**, which requires hospitals to use fair billing and debt collection practices; and
- **State laws** including those banning agencies from harassing, abusing, or deceiving debtors to collect a consumer debt.

Solution: Insert a clause that:

- Requires the agency to comply with all applicable laws;
- Gives you the right to terminate if the agency commits any violations:

Model language

- Consequences of noncompliance: Medical office may, at its sole discretion, treat an Agency violation of the foregoing compliance obligations as a material breach justifying termination of the Services Agreement.
- Require the agency to "indemnify," or repay you for any losses you incur as a result of the violations it commits.

While the clauses are fairly uncontroversial, the agency may object to indemnification. Stay firm, especially if your bargaining position is strong. Talk to your attorney if the agency insists on making indemnification mutual.

3. Limits on agency collection procedures

Problem: The agency is your representative and its actions reflect on your medical office and its reputation.

Solution: Require the agency to follow collection methods and techniques that are sensitive to and consistent with your ethical principles and commitments to patients and community. Three options:

1. Specifically describe the procedures the agency will use to collect debts from your patients. Issues to address:

- The point in the patient revenue cycle when the agent will be called in;

- Procedures for pulling back files; and
- Procedures for collecting from different kinds of patients, e.g., self-pay, Medicare/Medicaid, charitable care, etc.

2. Expressly require the agency to adhere to your medical practice's own internal policies, procedures, and mission statements, which should be attached as Exhibits to the agreement;
3. Make adherence to the required patient policies, procedures, and/or mission statements one of the criteria used for evaluating the agency's performance under the agreement.

Takeaway

When medical practices outsource collection activities, a written agreement should require the collection agency comply with various laws affecting health care and debt collection and follows medical practice policies and procedures.

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