**DOCUMENT OVERVIEW:** This document may be used internally by medical staff to help determine the financial viability of a patient. Effective patient financial viability assessment can facilitate enhanced medical billing.

Name of patient

Balance due

Date of last patient visit

Reason for nonpayment or for lack of contact:
- Patient is deceased
- Post returned
- Patient’s telephone is disconnected or number changed
- Patient moved out-of-state
- Other:

Telephone contact:  ❑ Yes  ❑ No

Dates of telephone contact:

Discussed a payment plan with patient:  ❑ Yes  ❑ No  Highlights of discussion:

Which collection letters were sent?

Have all payments from insurance company been received?:  ❑ Yes  ❑ No

Amount outstanding

How old is bill?

Staff recommendation:
- Write off  ❑ Settle for partial payment  ❑ Send to collection

Physician’s recommendation:
- Write off  ❑ Settle for partial payment  ❑ Send to collection

Terminate care?:  ❑ Yes  ❑ No

Signature of physician

Date

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