

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 Patient refused to pay
 Post returned Payment is late or not paid in ___ months
 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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