



Rogers Fire Department Standard Operating Procedures

Policy Title:	Ambulance Accounting and Billing		
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PURPOSE

The purpose of this policy is to ensure timely handling of all medical billings for the Rogers Fire Department. This policy establishes the documentation of the billing packets and timelines for handling all claims.

POLICY

The Administrative Manager will be tasked with handling all account receivable claims. Any customer service issues that cannot be resolved by the Administrative Manager will be transferred to the Fire Chief.

Billing packets shall be established with each patient interaction/transport to facilitate data collection and customer service. A billing packet shall include the following:

1. Rogers Fire Department Invoice
2. Hospital Face Sheet
3. Patient Care Report
4. Signature Form (If electronic signature is not obtained)
5. Ambulance Trip Report

Each billing packet shall be completed within 7 business days from the date of service. The charges will first be billed to the insurance listed on the hospital face sheet. Once all allowable insurance payments have been received and write-offs administered, the patient will be billed for any remaining balance.

If a patient has no insurance listed, a service statement will be sent in an attempt to gain insurance information or payment if they have no insurance. If insurance is billed and a claim is denied, the patient will be contacted immediately in an attempt to gain other insurance information or payment. If a claim is denied due to a mistake on the part of the Rogers Fire Department staff, the claim will be corrected and resubmitted immediately.

Any account that remains inactive for a period of sixty (60) days will be transferred to outside collections, where it will remain until paid in full.

If a patient has any complaint against the Rogers Fire Department in regards to medical treatment, billing or any other concern, the complaint will be directed to the Fire Chief.