1.1.4 Generic Cash Policy

The following are generic operating procedures to establish consistency in the handling of cash receipts collected at off-site locations. Customized procedural modifications may be necessary to satisfy the specific needs of the clinic/department. However, the primary control points incorporated in this policy must be maintained. Specific departmental operating procedures should be developed based on these generic procedures.

1. A change fund is established via the Accounting Department. The amount of the Imprest fund will be determined based on perceived need. The Department Chairman, or designee, will be held responsible for the change fund.

2. Cash is collected at the clinic (e.g., co-payments and/or non-resident deposits) by the Registration Technician. The cash is secured to ensure adequate safeguard. All checks received must be stamped on the back "For Deposit Only - LSUHSC-Shreveport and (department name)".

   NOTE: The specific method of securing the cash (safe, locked box, etc.) will vary based on the physical design of the cash collection point.

3. The patient will be issued a pre-numbered receipt. The receipt booklet (or pegboard) will be in three parts. The date, patient’s name, account number, amount paid, and description of the payment will be recorded (e.g., deposit vs. co payment).

   NOTE: The description is necessary to later determine if the payment is to be applied as a hospital technical or physician professional credit.

   The three-part receipt will be distributed as follows:

   a. Issued to the patient upon collection of the cash payment
   b. Forwarded to Physicians’ Billing for posting
   c. Maintained in the Clinic and used for subsequent reconciliation

4. Cash and checks should be deposited daily, or when the total of cash and checks is $500.00, but at least weekly. An arbitrary cut-off point should be established for each department. All cash and checks collected are placed in a locked bag. Two copies of the completed transmittal form are required to accompany the daily deposit. University policy escort is mandatory when the amount of cash (currency and coins) is $500.00.

5. University Police will either pick up the locked bag, or escort someone with the locked bag, and deliver to the Bursar’s Office for processing. The bag used the previous day is returned to the clinic.
6. The Bursar’s Office personnel will process the total cash receipt. The cash receipts will be credited to a “pending” account for Physicians’ Billing.

7. If the department chooses not to accompany UPD in delivering the deposit to the Bursar, the Bursar will not be responsible for any discrepancy in balancing. The Bursar will deposit whatever cash and checks are available, send a copy of the deposit slip to the department, and the department will be responsible for correcting the discrepancy.

8. If a departmental representative does accompany UPD in delivering the deposit to the Bursar and a discrepancy is discovered, the deposit will be returned to the departmental representative for adjustment.

9. Departments are encouraged to send a representative with UPD when delivering deposits to the Bursar.

10. The Clinic will forward a copy of the patient receipts to Physicians’ Billing for the appropriate account credit. Physicians’ Billing, based on the transaction description, will forward the applicable technical revenue information to Hospital Billing for posting.

11. On a monthly basis, the Billing Coordinator (or Business Manager) will reconcile the patient cash posting via the receipt maintained in the clinic to ensure accurate billing.

**Individual Billing Groups**

The following procedures will apply to individual billing groups for the handling of cash and checks collected. All payments to include cash, checks and EOB’s will be:

1. Scanned into an imaging system.
2. Deposited at the cage in accordance with this Administrative Directive.
3. Researched/Identified by the receiving department to verify what department(s)/service(s)/clinic(s) the payment belongs to.
4. Email the department(s)/service(s)/clinic(s) business manager/billing manager the following information:
   a. Date the payment was received by the individual billing group
   b. Date the deposit was made at the cage
   c. Patients’ name and any identifying numbers available (MR#, SS#, DOB)
   d. Scanned image of the payment/EOB
   e. Date that the transfer will be made and transmittal number.

Individual billing groups must submit, on a monthly basis, to the Office of Reimbursement a report (hereafter named: Reconciliation of Payments report), including identifying what payments are “in-transit” (i.e. outstanding). The reconciliation should be to the Accounting Ledger totals. Any adjustments/corrections/ errors in posting made to the Accounting Ledger should be noted in order for the total year-to-date payments to be correct. There is no specific format required for this report. The reconciliation of payments report must be submitted, either by email or hard copy, to the Director of the Office of Reimbursement by the 15th of the month for the preceding month.