

Sub-Acute Care Billing Policy Sign-off

Name: _____ Date: _____

Please review and initial each item listed below and sign on the bottom then return the form to your Manager.

_____ I understand coding is required on my billing sheets and Insticomm Entries, and how important it is to properly code these entries. Proper coding affects pay, billing, and reports used for employee reviews and profitability.

I understand that my Billing sheets will be faxed from the facility immediately after the work is done and prior to leaving the facility. If this is not done, it may affect the timeliness of my paycheck. **DO NOT MAKE COPIES OF THESE FORMS EITHER BLANK OR FILLED OUT.** Billing sheets are numbered and expected to be filled out in order, when you find yourself down to the middle of your last Billing pad, you will need to let Scheduling know so that they may replace your supply. **DO NOT WAIT UNTIL THE END OF YOUR LAST PAD!** These pads are mailed out and you must allow time for processing and mailing. Any billing sheets received after the date of service will go to the bottom of the pile and entered if time permits. If received after the billing/payroll is completed the time will be paid on the next paycheck. Reporting Schedule changes will help us to follow up on scheduled days we do not receive billing sheets for to allow for Faxing issues. If you inform us of schedule changes the day of the change, and we do not receive the sheet for whatever reason, you are not guaranteed to be paid for that work on the proper check it may have to wait until the next payroll.

_____ I understand that my Insticomm entries for each day must be made during my time at the facility, and that these entries must be made no later than 12am the date of service. **NO EXCEPTIONS!**

_____ I understand that all completed billing sheets need to be kept in the storage clipboard until they are turned in to the main office. These sheets do still have some patient information on them, and should be protected at all times. Blank Billing sheets will be handed out in numbered pads and should be filled out numerically. If you skip a sheet for any reason please state this on the next sheet and the reason for the skip.

_____ I understand that all “Respiratory Assessment” forms should not leave the facility at any time. Neat and legible writing must be used to ensure that anyone reviewing the chart can understand our assessment and recommendations. The assessment should be made a part of the patients chart. The Respiratory Assessment forms are only a one part, two sided numbered form. **DO NOT MAKE COPIES OF THESE FORMS EITHER BLANK OR FILLED OUT.** These forms are numbered for tracking purposes, and out of sequence or duplicated numbers may cause bill, pay, and/or tracking issues. You have acknowledge receipt of HIPAA training and PEL/VIP will not be responsible for any HIPAA violations accrued if Respiratory Assessment form(s) leave the facility for any reason.

_____ I understand that my schedule will set up with the Facility and then entered onto my Temp Calendar in the Home Office. I can check my schedule online through temp access on the company website, for assistance with this please contact HR xt 239. If this schedule is not correct or changes are made at any time during the month, it is my job to call the office and speak to a scheduler and make sure the changes are made in the scheduling system. This system is used to ensure that we know what Billing sheets to expect. This will ensure that if we do not receive a Billing sheet for any reason, it will be the offices responsibility for following up with you to obtain the billing sheet. The scheduling person will make contact with any person that has missing times and allow them up to 24 hrs to get the Billing sheet(s) in (less time may be available depending on the payroll / billing deadline). The only way this will work correctly is if we are updated of schedule changes prior to the work being done. This allows us to compare the scheduled work with the Billing sheets turned in to ensure that nothing is missing. If we receive a Billing sheet that does not coincide with the schedule, it will be addressed before payroll is processed if time allows. If not, the billing sheet will be followed up on with you after the processing of payroll, and will be paid on the next paycheck. **ALL SCHEDULING CHANGES MUST COME THROUGH HOME OFFICE VIA SCHEDULING COORDINATOR AND/OR SCHEDULING MANAGER. SCHEDULING CHANGES COMING THROUGH OTHER SOURCES WILL BE CONSIDERED NOT APPROVED.**

_____ I understand that effective 1/1/2010 no tolls will be paid to LTC field staff. All staff will be given a company I-Pass and required to use it in order to have work related tolls paid. **Company I-Pass is for PEL/VIP use only, and any personal usage will be deducted from my paycheck.** Staff will need to remove the Company I-Pass from their car when not working so that the unit does not get charged. If the unit is any where in your car, the Radio Frequency from the toll booths will more than likely pick it up and charge the unit.

_____ I understand my Key Responsibility Areas (KRA's) for my position and understand that any future evaluations and/or pay adjustments will be based on how I perform these KRA's. Evaluations will be done on an as needed basis.

Employee's Signature: _____ Date: _____

Manager's Signature: _____ Date: _____

Managers please return this completed form to HR with the Orientation packet.