



College of Veterinary Medicine Policies and Procedures

Subject: Deposit Guidelines and Discharge
Procedures

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Cross Reference:

DEPOSIT GUIDELINES AND DISCHARGE PROCEDURES

1. DEPOSITS

- Inpatient clients are required to pay 75% of the upper end of the estimate upon admission to the hospital. Students should notify the Admissions Assistants when they know the patient will be staying overnight, so the animal can be added to the hospital census.
- Please bring the client and the estimate sheet to Client Accounts to pay the deposit.
- The balance of the bill is due at the time of discharge. **The only exceptions are those cases approved in advance by the AHC Director.**

2. DISCHARGE PROCEDURES

Clinicians or their designees may discharge an animal from the hospital. The student or other team member will call the client when the patient is ready for discharge, or the client will be notified upon admission of the discharge time. Clients are encouraged to pick up during normal business hours (8:00 A.M. – 5:00 P.M.). The Clinician or designee should go over the Discharge Instructions with the client to include any home treatment and or any special instructions. All personal belongings are returned to the client at the time of discharge.

In Advance of Discharge

1. Bring the following information to Client Accounts:
 - a. Order Items Detail report with the appropriate approval signature
 - b. Any fees or adjustments that Client Accounts needs to add that have not been entered
 - c. Any Administrative Adjustments with the name and signature of the Clinician
2. Encourage the client to arrive for pick-up during normal discharge hours (8:00 A.M. – 5:00 P.M.)

After hours discharges are to be discouraged, but if they occur the Clinician/Intern will be responsible for the entire discharge procedure which includes:

- Entering all charges and informing the client that any charges not captured will be billed
- Collecting the payment
- Returning the completed record to Medical Records

Upon Client's Arrival

1. Answer your page promptly or have someone call with a message if you are busy
2. Discuss the patient discharge with the client before bringing the patient out to the client
3. Have any discussions about the patient with the client away from the Discharge Desk
4. Escort the client to the Discharge Desk to pay their bill
5. The medical record should accompany the patient when discharging then be returned to Medical Records as soon as the patient is discharged.

Overnight Home Visit

When patients are going home for the night and returning the next day for additional care at the AHC:

1. Inform the Discharge and Admissions Desks that the client will return with the patient the next day so the order is left open
2. Leave the medical record in the ward
3. If an estimate of the cost of services is given to the client, a deposit of 75% of the high end of the estimate is expected before the owner leaves the patient. The balance is due upon discharge. Any exceptions must be approved by the AHC Director.

3. DISCHARGE GUIDELINES:

In order to discharge a patient during normal business hours, you must bring the following to Client Accounts:

- Order Detail Sheet denoting charges for commodities, procedures and any pharmaceuticals that has been reviewed and signed by the clinician and/or the technician.
- Pharmacy – Ensure you have all prescriptions from carts or closets.
- Make certain that Client Accounts has the bill 20 minutes before the client is to arrive to allow for the auditing process and to ensure the bill is prepared by the time the client arrives.
- Make sure the bill is paid before the patient is brought out to the client.
- Do not hold the bill because you believe the client may want to add a drug purchase or a test. Client Accounts can add those charges if the client decides to make the additional purchase.
- Students should bring the client to Client Accounts to settle their bill. If the client has additional questions about their pet's care, the student should ask the client to finalize their payment, and then invite them to step away from the discharge desk to resume the discussion.

After-Hours Discharges:

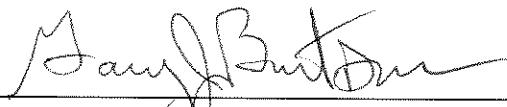
The discharge desk will be manned from 8:00 a.m. through 5:40 p.m. Monday through Friday. Please bring all patient discharge paperwork to Client Accounts before 5:00 p.m.

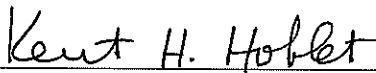
If the client will arrive to pick up their pet after 5:40 p.m., Client Accounts will audit the Order Detail sheet and print two copies (one for the client and one for the lockbox) for use when the client picks up the patient. If it is after 5:00 p.m. the student may need to add the following charges: 1) hospitalization and 2) ICU care. These charges are manually entered each weekday morning and must be charged for additional nights on weekends/holidays.

When discharging a patient after-hours or on the weekend, circle the note at the bottom of the order detail that says "This is not a finalized bill." Always inform the client that there could be charges that have not been applied yet (such as anesthesia, pharmacy charges or diagnostic lab fees), and they will receive another bill for any additional charges. Never mark a bill "paid in full" or tell a client that they have paid everything.

All payments received after 11:00 p.m. should be deposited in the lock box located at Small Animal Internal Medicine or Equine. Give the client a receipt for any payment. Receipts are located in several places in the AHC. Make certain that all lines are filled in on the after-hours envelope available at the Small Animal Internal Medicine or the Equine Nurses Station. **Never leave a payment in the record.** Until 11:00 p.m. after-hours Admissions Staff are available to collect payments.

After a client leaves, the itemized statement, the medical record and all discharge paperwork should be completed and signed as soon as possible. This allows Client Accounts to charge the client for any fees not collected or facilitate a refund if one is due the client. Always see Client Accounts if there are any questions or concerns about a client's bill.

Approved:  9-29-17
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Approved:  10-9-2017
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