



The Industry's Guide to Private Medical Billing



This document contains information about industry guidelines to medical billing in the private health sector.

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The Industry's Guide to Billing

To help medical professionals, particularly those new to private practice, Healthcode has put together medical billing best practice guidelines. The Industry's Guide to Billing encourages medical professionals to bill to a standard using a set of common information to ensure the payor has sufficient information to settle the invoice on receipt.

- [About the Invoice](#)
- [About You](#)
- [About the Patient](#)
- [About the Treatment](#)

“As acknowledged experts in private healthcare billing, Healthcode is ideally qualified to produce these industry standards. By following this guide, independent practitioners can ensure their submitted bills are complete, correct and ready for payment.”

Joe Rowe

Head of Provider Operations at AXA PPP healthcare

Billing Guidelines

To ensure the payment process is seamless, the following key information should be included on a private medical invoice:

About the Invoice

- Invoice number
- Invoice date

About You

- Full name
- Provider number or professional number
- Specialty
- Billing address
- Payment details

About the Patient

- Patient name
- Date of birth
- Insurance company or paying organisation
- Patient policy number if insured
- Patient address
- Diagnosis code and description
- If you are not the lead consultant, you will need to provide the name of the consultant in charge of the overall patient care including their provider / professional number.

About the Treatment

The following information is required for each treatment being invoiced:

- The type of care delivered e.g. in-patient, out-patient, day case, consulting room or other
- Date of treatment
- Service delivered
- Procedure code and description if applicable
- Total amount

The above is the industry standard required for private medical billing. However, some insurers may not require diagnosis information.

To assist you, we have produced two medical billing templates available for you to download:

- Invoice template for organisations
- Invoice template for billing direct to the patient

Invoice Template for Paying Organisations

ATT:
Address Line 1
Address Line 2
Address Line 3
POSTCODE

Invoice Date:
Invoice No:

CONSULTANT INFORMATION			
Title:		Surname:	First name(s):
Provider / professional no:	If you are recognised by the insurer, you will be issued with a provider number. Otherwise enter your professional number (GMC/HPC)	Specialty:	
Telephone no:		Email:	
Billing address:	Payment Details:		
	BACS Transfer: <input type="checkbox"/>		
	Account no:	Sort code:	
	Cheque: <input type="checkbox"/>		

PATIENT INFORMATION			
Title:		Surname:	First name(s):
Paying Organisation:		Policy no: (if applicable)	This is the number issued to the patient by the insurer.
Patient Address:		D.O.B:	
	Authorisation no: (if available)		
	The pre-authorisation code obtained by you or the patient from the insurer		
If you are not the lead consultant, please provide the name of the consultant in charge of overall patient care.			
Name of lead consultant:		Provider / professional no:	

TREATMENT DETAILS	
Location of treatment:	Should indicate when treatment was carried out. The admission and discharge dates are required for inpatient care
Diagnosis code / description: (if applicable)	

TREATMENT CHARGES & FEES			
Please include code and description of procedure where the treatment was procedural.			
DATE OF TREATMENT	DESCRIPTION / PROCEDURES	TREATMENT SETTING	FEE
	Description of the service carried out and procedure information if the treatment was procedural. Procedure codes can be found on the CCSD website or the respective insurer website.	Where the treatment was carried out (i.e. inpatient, outpatient, day case or consulting room).	
TOTAL AMOUNT:			£0.00

Visit [link](#) to download a private medical billing invoice template.

Invoice Template for Self Pay Patients

For self-pay patients, the below template can be used to directly bill the patient.

	Your Name & Speciality																												
	Address Line 1																												
	Address Line 2																												
	Address Line 3																												
	POSTCODE																												
	Phone Number																												
	Email																												
Att:																													
Address Line 1																													
Address Line 2																													
Address Line 3																													
POSTCODE																													
Invoice Number:																													
Invoice Date:																													
INVOICE																													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Patient Title:</td> <td style="width: 50%;">Patient Surname:</td> </tr> <tr> <td>Patient First Name(s):</td> <td>D.O.B:</td> </tr> </table>		Patient Title:	Patient Surname:	Patient First Name(s):	D.O.B:																								
Patient Title:	Patient Surname:																												
Patient First Name(s):	D.O.B:																												
<table border="0" style="width: 100%; text-align: center;"> <tr> <th colspan="4">Treatment Details</th> </tr> <tr> <th style="width: 25%;">Date of Treatment</th> <th style="width: 35%;">Description/ Procedures</th> <th style="width: 25%;">Treatment setting</th> <th style="width: 15%;">Fee</th> </tr> <tr> <td style="font-size: small; color: red;">Should indicate when the treatment was carried out.</td> <td style="font-size: small; color: red;">Description of the service carried out and procedure information if the treatment was procedural.</td> <td style="font-size: small; color: red;">Whether the care is delivered as an inpatient, outpatient, day case, or consulting room.</td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">Amount due:</td> <td>£0.00</td> </tr> </table>		Treatment Details				Date of Treatment	Description/ Procedures	Treatment setting	Fee	Should indicate when the treatment was carried out.	Description of the service carried out and procedure information if the treatment was procedural.	Whether the care is delivered as an inpatient, outpatient, day case, or consulting room.														Amount due:			£0.00
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Amount due:			£0.00																										
Payment details: Payment must be made within [insert payment terms] by cheque or BACS transfer. Cheques must be payable to [payee name] and posted to the above address. BACS payments must be transferred to [your name] account at [name of bank] Account number [insert account number], sort code [insert sort code], account name: [insert account name].																													
REMITTANCE: Please return with cheque or to notify of BACS payments to [your name]																													
Invoice Number.....	Name.....																												
Cheque enclosed £.....																													
BACS payment £.....																													

Visit [<link>](#) to download a private medical billing invoice template for direct patient billing.

More Information

More information about procedure codes and descriptions can be found on the CCSD website and insurer fee schedules can be found on the respective insurer website.



<http://www.ccsd.org.uk/>



<https://www.aetnainternational.com/en/providers/healthcode.html>



http://www.allianzworldwidecare.com/cms-file-system-action/EN/UKreg_FeeSchedule.pdf



<http://www.aviva.co.uk/search/?q=fee+schedule>



<https://online.axapphealthcare.co.uk/SpecialistForms/SpecialistCode.mvc?source=contracted>



www.bupa.co.uk/schedule-of-procedures



<https://www.cigna.co.uk/healthcare-providers/fee-schedule/index.html>



<http://hsp.healix.com/hfs>



<https://www.vitality.co.uk/healthcare-providers/fees/>



<http://www.wpa.org.uk/medical/feeSearch.aspx>



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