



Refund Check Request Policy

Date Drafted: 6-3-16	Revision Date: August 25, 2016	Board of Directors: August 25, 2016	Board of Health Approval: 2016.08.116
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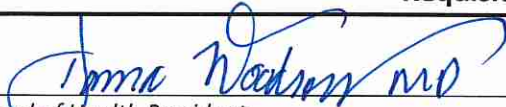

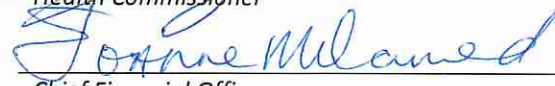
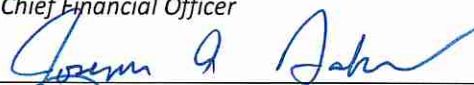

Maintenance Steward: CFO and CEO **History:** New Revised Archived

Organizational Scope:
 Full Agency Administration Community Services Environmental Health Health Center

Frequency of Review:
 Annually Biennially 5 Years As Needed Other:

Location:
 G-Drive: G: → Users → Common → Policies & Procedures
 Website: www.lucascountyhealth.com/employee-login/
 Hardcopy: TLCHD Policies & Procedures Manual, HR Office
 Archived Version(s):

Requisite Signatures

<input checked="" type="checkbox"/>	 Board of Health President	<u>8.25.2016</u> Date
<input checked="" type="checkbox"/>	 Health Commissioner	<u>08-25-16</u> Date
<input checked="" type="checkbox"/>	 Chief Financial Officer	<u>8/26/16</u> Date
<input checked="" type="checkbox"/>	 Board of Directors President	<u>8/25/16</u> Date
<input checked="" type="checkbox"/>	 Chief Executive Officer	<u>8/25/16</u> Date



Refund Check Request Policy

PURPOSE:

The purpose of this policy is to ensure proper execution of refund checks for patient services at the Toledo Lucas County Health Center (TLCHC). TLCHC requires proof of the credit balance in order for a refund check to be produced.

PROCEDURE:

1. Refund checks will only be issued for accounts with credit balances. Accounts must be verified to prove, in fact, that it is a credit balance.
2. Attach a copy of the explanation of benefit form to the statement of account showing the credit balance. The check will then be issued to the payer who overpaid the account.



Refund Check Request Policy

Record of Change

(Required for all policies)

Date of Change	Changes Made By	Changes Made/Notes	Approved By