

Health finance 2

Business, Management



1. Does the organization that you work for receive revenue after services are delivered or before? Why do you think this is? 2. What grouping of revenue do you believe the organization that you work for uses (service line, revenue source, etc.)? Why do you think they chose this grouping? Is this a good choice or do you think there is a better option?

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Revenue Flows in Chiropractor Practice

Chiropractor is a form of alternative medicine where pains in the neuro-musculoskeletal system are treated. Treatment is through manual therapy, massage, ice therapy, exercise for the spine and other soft tissues. It is not recognised as a primary case and hence treatment costs for such patients are not provided by the healthcare system (Grod, p. 14).

The revenue in such practices and clinics is usually received after the service is delivered and after a treatment session is over. Patients may opt for a single session or sitting or they may decide to take a full course of the treatment that can extend for a few weeks. First time visitors must pay a consultation fee and subsequent visits are charged an hourly fee or a per session fee. Different types of revenue types available for healthcare in general are Discounted Fee-for-Service, Fee-for-Service, Managed Care, Medicaid Program, Medicare Program and Payer Mix. Chiropractors are not eligible for any of the managed care system and so the revenue group followed is fee for service. This choice of service cannot be avoided since the Chiropractor is recognised as an alternative medicine. In some cases, when a patient agrees to take a course of treatment, the doctor may agree to receive payment after the sittings are over. Some patients can then refuse to

pay saying that they have not been cured. Since this treatment does not base the treatment on the results of blood and other medical tests, it is difficult for the Chiropractor to prove the efficacy of the treatment. In addition, since the treatment is not paid by insurer, liability of receiving payment is with the Chiropractor. This reduces overcharging and instances of false assurances by the doctors and a customer with legitimate grievances can protect himself. Therefore, this fee for service is better than other revenue formats (Andrew, p. 14-15).

References

Andrew J. Bert. " Financing and Cash Flow Management for the Medical Group Practice". *Orthopedic Clinics of North America*, 39 (1), 2009, pp. 27-31

Grod John. " Continuing Health Education in Canada". *Journal of Canada Chiropractor Association*, 50 (1) ((2006): 14-17