

This policy applies to: <i>X Stanford Hospital and Clinics</i> <input type="checkbox"/> <i>Lucile Packard Children’s Hospital</i>	Date Written or Last Revision: May 2013
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I. PURPOSE

The purpose of the cash handling procedures policy is to help employees with cash handling functions to better understand and perform duties as it pertains to the process for properly depositing monetary receipts (cash and checks) and processing credit card payments. Process and deposit instructions vary depending on the type of receipts and the department or clinic receiving.

II. POLICY STATEMENT

The overall cash policy of Stanford Hospital and Clinics is to institute controls and procedures to ensure the physical security of cash to be stored on hospital premises or directly with hospital contracted armored car service. Each department and clinic that accepts cash must have appropriate safeguards, internal controls, records, and procedures in place to comply with timely and accurate depositing of cash receipts.

III. DEFINITION OF CASH

The term “Cash” as used in this document refers to US currency and coin, personal and business checks, traveler’s checks, cashier’s checks, money orders, foreign funds (check only)MasterCard, VISA, American Express, Discover credit cards and ATM cards with the MasterCard or VISA emblem.

All checks must be drawn on U.S. banks and written in U.S. dollar values and all are acceptable forms of payment to the Hospital.

IV. PROCEDURES

A. General Cash Handling Procedures

1. Access to Cash must be limited. All funds should be kept secure at all times.
2. Cash receipts should be processed as soon as possible, preferably on the same day they are received.

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3. In any interim between receipt and deposit, Cash should be secured in a cash box, safe, or other locked container.
4. Access to Cash should be restricted to individuals with appropriate fiscal responsibilities included in their job descriptions.
5. Checks should be immediately endorsed on the back with “For Deposit Only to the credit of Stanford Hospital and Clinics” stamps provided to the department.
6. Each department that accepts Cash *is responsible for developing its own safeguards, internal controls and written procedures* to ensure the physical security of Cash and make certain that the receipt of Cash is accurately recorded in the financial records of SHC.

B. Do not send Cash or Checks through interdepartmental mail

1. Clinic and hospital deposits are placed in a clear tamper proof bank bag provided by Treasury Services, and delivered to the nearest drop safe at the hospital, clinics, and outpatient centers. Contact Treasury Services for drop safe locations.
2. Miscellaneous Cash or Checks should be mailed directly to the SHC Bank of America Lockbox in Los Angeles, CA in a stamped, self-addressed mailing envelope provided by Treasury Services.

C. Segregation of Duties

1. This is a crucial internal control that helps safeguard SHC assets.
2. No one person should be responsible for the entire cash receipts process.
3. The responsibilities for receipt custody, recording, and reconciliation of cash receipts should reside with different individuals whenever possible.
4. Mangers will review and sign off on daily deposit preparation in their departments.

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D. No Cash Policy

1. SHC hospital and clinics does not accept currency as a payment method for hospital services. Departments that find that their business needs cannot be effectively met without accepting currency will need to provide written justification to the CFO or his designee in order to receive approval to accept currency as a form of payment. The following departments have received approval to accept currency - Cafeteria, Gift Shop/Boutique, Parking Services, International Medicine, Patient Access Services, and the Patient Advocacy Unit of Patient Financial Services.
2. Checks, Cashier Checks, Travelers Checks, Money Orders, Debit and Credit Cards are accepted.

E. Credit Card Payments

1. Credit cards provide a convenient way to handle business transactions such as insurance co-pays, pre-payment of self-pay procedures/services, gift shop purchases, and meals at a hospital dining facility. Acceptance of credit cards is subject to the Payment Card Industry Data Security Standards prescriptive requirements for safeguarding cardholder account numbers and other sensitive data.
2. For the purposes of this policy, credit card acceptance and processing is defined as; 1) the use of a payment page on a web site to accept credit cards for professional services or goods sold by Stanford Hospital and Clinics; and 2) the point of sale terminals that accept credit cards for retail goods sold by Stanford Hospital and Clinics. The term "credit cards" includes the use of pin-less debit cards bearing a credit card company logo.
3. Departments wishing to engage in point-of-sale or internet electronic commerce must be approved by SHC Treasury Services office and comply with all terms of confidentiality for user IDs and passwords.
4. Confidentiality of Data
 - a. Credit card data must be protected as per the requirements of PCI-DSS. Departments are responsible for safeguarding the confidentiality related to the purchases of goods and services.
 - b. Use secure and /or encrypted connections to an authorized service vendor.

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- c. Do not store any restricted credit card information such as account numbers or PINs, locally.
- d. If gathering other information about purchasers, protect this information in a secure manner, restricting access to those who have a valid need to know.

F. Suspected Fraud

- 1. Individuals should report any suspected fraud, misappropriation, or missing funds immediately to their department's management, Treasury Services (725-9683 or 725-3917), and Hospital Security (723-7222).

V. AUDIT

- A. An audit of the cash handling process and compliance may be performed by Clinic Administration, Treasury Services, Controller's Office or Internal Audit.
- B. Adherence to this policy will be analyzed at that time.

VI. COMPLIANCE

- A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC are responsible for ensuring that individuals comply with this policy.
- B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

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VII. RELATED DOCUMENTS

Theft of Property Policy
Financial Records Policy
Payment Card Industry Data Security Standard (PCI-DSS)
Patient and Insurance Payments Process; Gatekeeper: Controller's Office

VIII. DOCUMENT INFORMATION

- A. Legal Authority
None Specified
- B. Author / Original Date:
Thomas Malm, Treasurer / January 22, 2010
- C. Gatekeeper of Original Document:
Treasury Services
- D. Approvals:
May 2013, SHC Core Operations Group
- E. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of practice
- F. Review and Revision History
 - a) January 2011, Thomas Malm, Treasurer Stanford Hospital and Clinics
 - b) October 2011, Thomas Malm, Treasurer Stanford Hospital and Clinics
 - c) May 2013, Thomas Malm, Treasurer Stanford Hospital and Clinics