Many small medical practice offices like urgent care clinics are loan dependent but do have a process for developing a budgeting plan, expressing it in financial terms and detailing resources are required to achieve objectives (Kavilanz, P. (2012). Standard budget types include the following: Statistical budgets are used to give workload assumptions while expense budget gives the cost associated with providing the service like the amount of money each department expects to pay-out. For average urgent care practice, operating budget combines revenue, and expense and it lists, for the upcoming fiscal year, and anticipates income by a source (Iglehart, 2009). Cash budget gives cash on hand for day-to-day running of the practice, and future plans for acquisitions of practice facilities and equipment.

The Balanced Budget Act (BBA) of 1997 were authorized to establish a flex program in which certain Medicare participating facilities like urgent care centers to cover patient expenses. To increase urgent care’s bottom line and be a profitable, patients should carry or required to have insurance, more of cost responsibility would ultimately fall on the patient and the insurance companies (Schneider, 1997). This would happen because if health insurance becomes mandated for all, individuals would have less of an excuse why they are unable to finance their health care. This is of course, assuming that insurance plans are good enough that they cover procedures. If insurance plans leave some underinsured, the financial burden would still ultimately then fall on the patient (Schneider, 1997). And right now, how the current system is, the financial burden is on the patient because if they are not paid even after turning patients into collection agencies they must absorb that cost. Reform should possibly address this by providing some sort of assistance to medical firms to help offset that cost.

Many Medicare and Medicaid patients could affect the overall revenue of the practice firm and the services it provides due to the fact that an increase in the number of Medicare and Medicaid patients will subsequently result in an increase in the guaranteed revenue of the medical center (Schneider, 1997). This is due to the fact that Medicare and Medicaid patients provide a clientele of guaranteed payment patients, whereas some patients without adequate health insurance coverage or no health insurance coverage may not pay at all for the services rendered (Iglehart, 2009). Due to the increase in the level of revenue for the urgent care facility and due to an increase in the number of Medicare and Medicaid patients, the urgent care facility will have the finances to expand the number of services that it can provide to patients and achieve goals of more than five years.

The service and consultation fees pricing will be determined based on market value, and compared to what the other similar medical practice center charge per patient. The medical practice to remain profitable in the long term, expenses such as equipment purchases and salaries can be reviewed often (Ayers, 2008). The purchases are dependent upon whether they provide long-term value and investment in the practice firm. Also to achieve goals and maintain profitable, benchmarking can be used. Changing the budget process to achieved financial flexibility and a reasonable pricing solution. Therefore, to achieve consistent financial goals, good expense calculation such as salaries, supplies and overheads has to be reached and controlled.

Urgent care typically can be held responsible for acts of for employee and non-employee personnel injury because most doctors who work for urgent care cents are independent which means that a doctor that commits malpractice acts that caused the injury to a patient is liable unless certain circumstances are met (Ayers, 2008). In addition, if an urgent care employee commits malpractice while being supervised by a doctor who is an independent, the doctor will be liable if the employee is under the supervision of the doctor when the misdeed occurs. A doctor who has an independent practice has control to prevent the employee's negligence. Fortunately, patients are allowed to sue the urgent care practice, even if the doctor is not an employee of the practice (Newman, 2010). Therefore, if a doctor commits medical malpractice on a patient who was injured in a car crash, then he can be sued. His practice can also be sued when the practice allows a knowingly incompetent doctor to practice in their firm wherein it will be held responsible. Hence, the best way to eliminate medical malpractice and frauds are all the staff to take responsibility for their actions, be liable and face the consequences (Newman, 2010). In addition, training and supervision should be offered to all the staff.

To prevent medical malpractices and fraudulent schemes, it’s important for the medical to have basic understand about patient negligence. Malpractices and fraudulent are often healthcare personnel not taken initial responsibility solving the problem. Hence, under the standard of care, all patients have the right to expect that the health care professionals that they trust will deliver treatment that’s consistent with the standard of care (Newman, 2010). However, if it’s determined that the standard of care has not been met, or was bridged; negligence may be established under the malpractice. On the other hand, most of patient negligence and malpractices can be prevented or eliminated if all the health care personnel are training in regular basis and taught proper patient treatments. According to several researches, most common fraud in healthcare is internal rather external and the sources of these frauds include forged checks, misapplied payments, incorrect deposits, none-apply charges or payments, and even embezzlement of payments (Ayers, 2008). However, most of these can be prevented in simple tracking and auditing of payment activities.

Different collection capability (1st party vs. 3rd party) to reduce the overall firm’s debt revenue system can be used with medical debt collection (Fay, 2015). However, health related debt expenses are not the same as using a credit card to charge several pairs of designer shoes. Most often, people do not go to the hospital or urgent care medical center because they desire to. It is usually for emergency situations. Charging interest on credit card purchases and essentially borrowed money is hardly comparable to charging interest on the cost of lifesaving procedure. The money spent was not meant to be spent to live outside of one’s means, but instead to keep them healthy and alive (Fay, 2015). Like I mentioned previously, health care instructions should work with patients to pay their bills, either in in-house collection or third party collection as last option. Just adding extra fees and interest would only discourage patients from paying their bills because the interest would make it higher than it even is.

To check the practice’s financial data and follow up expenditures, a computerized banking system can be set up. A financial data of an urgent care clinic does not provide huge information since most urgent cares are owned few partnered doctors; however, it does provide simple understanding of the urgent care’s performance and determines the revenue cycle and medical practice’s profitability (Crestwell, 2014). The financial data also evaluates the medical firm’s strength and growth potential when dealing with vendors or planning large expenditures like buying new equipment’s, buying new a building or hiring more staff.

An urgent care practice firm can establish relations with money vendors that provide medications like pharmaceutical companies and pharmacies (Belli, 2014). Also, the medical office can establish long term relations with companies that provide medical equipment and necessarily supplies practice needs.

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