

Cashless Office

Section: Corporate	Policy Number: 2.02	Date Origin: July 2017	Dated Revised: Oct 2023
Title: Cashless Office	Author: Practice Manager	Review Period: 2 years	Approved by: BOSM Directors

Summary:

- A cashless office provides a safer work environment.
- There are multiple means of communications to patients re our cashless office policy.
- There are multiple other means of payment accepted.
- The practice does not utilize petty cash. A company debit card is available.

Policy Statement & Purpose:

BallaratOSM has a responsibility to provide a safe work environment and aims to deliver an efficient, quality service for staff and patients. The purpose of this policy is to clarify the need and process for a cashless practice.

Scope: This policy applies to all our employees regardless of employment agreement or title. All employees are bound by their contract and position description to follow our organizational policies and procedures while performing their duties

Benefits

This policy will eliminate the need for patients or staff to carry cash and reduces associated risks of theft or loss.

Procedure

- We will inform our patients that we are a cashless office via notification on the Website, signage in the reception area, on the bottom of accounts and verbally when engaging with patients in a courteous and professional manner.
- We will inform patients that the methods for payment of accounts accepted in this practice are:
 - EFTPOS
 - Cheque-Personal and Bank
 - Direct deposit
 - Debit and Credit Cards

- We will under NO circumstances accept a cash payment. If a cash payment is offered to clear significant aged debt, a manager must provide approval.
- The practice does not utilize petty cash. Where required a manager can provide a company debit card..

Related Policies and Procedures

- 4.01 Work Health and Safety

References

- Nil

Directors Endorsement

Directors Name: Mr Shaun English

Signature: _____

Date: _____

Directors Name: Mr David Mitchell

Signature: _____

Date: _____

Directors Name: Mr Scott Mason

Signature: _____

Date: _____

Directors Name: Mr Luke Spencer

Signature: _____

Date: _____

Staff Members Acknowledgement

By signing this document staff members acknowledge they have read and understood the Ballarat Orthopaedics and Sports Medicine Cashless Office policy

Staff Member Name	Staff Members Signature	Date
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