THE COLLECTION OF FEES

The great majority of physicians must depend upon the fees which they collect to house and clothe themselves and their families, to educate their children, and to put aside a something for the probable stormy day of tomorrow or of advancing years.

In the days of not so very long ago, when the physician was less of a specialist and much more often an intimate part of many family groups, to the members of which he had rendered services to bring out varying expressions of gratitude and material appreciation; and when the exigencies of modern-day living were not quite of so cold-blooded a money character as today, it may not have mattered greatly whether a goodly number of patients paid, what were little more than small installments on the worth of professional services rendered.

But today, with the increasing complexity and specialization of trades, businesses and professions, and the newer methods of doing business in both urban and rural communities, the doctor who does not collect a goodly proportion of the fees he has earned, is more than apt to be faced with a column in the red; and no man can do justice to himself in his profession and give expression to his best work and capacity under such a handicap.

Physicians vary greatly in their financial attitude and relationship to patients. There be some doctors, who smilingly and graciously and seemingly with a minimum of effort, can secure a large proportion of the fees due them from patients. There be others who put their business relationships on the same basis and procedures which are in vogue in the lay business world, and who seem to be successful with that plan. But a goodly number, if not a majority, still send out statements and make their collections on much the same plan as their predecessors, hoping that a sufficient number of patients will send in their checks or make payments to keep the ledger showing no red when the balances for the month or year are computed.

The geographical, social and economic environments of patient groups, the character of general or special medical practice engaged in by the physician, the financial customs of the colleagues of the community, all these are factors to be reckoned with in this matter of collecting fees for services rendered; and last but not least is the individual physician himself, his own likes and dislikes in these matters, and his financial aspirations or needs.

These comments are made because in the Medical Economics column of this issue is printed a series of stickers or follow-up notices which could be enclosed with statements to patients whose remittances for services rendered, are past due. These notices were devised years ago for the members of the Los Angeles County Medical Association. There was a twofold purpose in their creation: one, to have each notice be a spur to the collection of the money due and yet be not of an antagonistic nature; and two, to lead up to the point where the account would go to a collector so that such a patient would not be the recipient of future services. These notices are almost self-explanatory and can be modified to suit local conditions or personal preferences. The fact that many members of the profession, especially younger members, are ofttimes in a quandary on how to proceed in such matters made it seem permissible to print and call attention to this system which has borne the test of trial; and which an office secretary can carry out in quite impersonal routine with a minimum of fret and worry to the physician. A system which creates a minimum of antagonism among delinquent patients, but which is as effective in its results as the almost brow-beating methods of some mercenary collection agencies which proceed in their collections with an abruptness that makes enemies for a physician where friendship and gratitude should exist; and a system which nevertheless eliminates the undesirable patients, may be thought worthy of trial by some of the colleagues who have been in doubt on what procedures to adopt in this important business of fee collection. That is why these slips are printed in this issue. Each physician who reads the method of procedure can determine whether or not there is any part of it which he himself might wish to adopt.

THE 1926 INTERNATIONAL PUBLIC HEALTH WORK OF THE ROCKEFELLER FOUNDATION

In the News column of the Miscellany Department of this number of CALIFORNIA AND WESTERN MEDICINE is printed the foreword paragraphs of President Vincent's report of the work carried on by the Rockefeller Foundation in the year 1926. The stupendous sum of practically ten millions of dollars was paid out during the year in the promotion of international public health projects. The paragraphs referred to should be read by every physician who would wish himself to have somewhat of an orientation of how so large a sum of money from private sources could be advantageously expended in public health work.

It is a magnificent record which is recorded by President Vincent and one in which every American may take pride, for it is American money and leadership that are responsible for this monumental achievement. Diversified as the twenty major fields of endeavor which were enumerated are, and creditable and deserving as those very projects may be, it is even more wonderful as one reads and reflects on the splendid methods of approach and cooperation which the Foundation has laid down as its policy in dealing with universities and with government agencies.

The distribution of the great wealth amassed by captains of industry throughout the world, and especially in our own country, is still a favorite topic of discussion, especially by the non-possessor onlookers. Whatever criticism may be at-