Union County General Hospital

Policy/Procedure Title	DISCOUNT AND PAYMENT PLAN POLICY			**Policy #**	
Manual Location(s)	Business Office Manual	**Original Effective** 03/2016	**Revised 4/23/18**	**Page**	Page 1 of 4
Department Generating Policy	Business Office				
Affected Departments	All Departments				
Prepared By	Terri Martinez	**Date/Title**	4/23/2018, Chief Financial Officer		
Governing Board	Judith Cooper	**Date/Title**	4/23/2018, Governing Board Chair		

POLICY STATEMENT

The hospital shall offer payment plans and/or discounts to patients unable to pay their hospital charges in full. This policy shall apply to all persons receiving financial counseling at any point in the admission, discharge, or collections process. The hospital shall train its employees in providing financial counseling to patients regarding the process for discounts and payment arrangements. Employees providing financial counseling to current and discharged patients will follow this Discount and Payment Plan Policy in conjunction with the Financial Counseling Policy to determine the appropriate action regarding a patient's payment arrangement.

PROCESS

1. Cash Discounts.
    a. Discounts may be offered to uninsured patients who are willing to pay their balances in full at time of service or within 30 days of discharge.
    b. Patients who are willing to pay by cash or credit card will receive a 30 percent discount of the account balance at time of service or within 30 days of discharge. Unanticipated charges (charges not quoted at time of service) will also be billed to the patient with the pre-approved discount.

    Using financial counseling protocols, the hospital will encourage payments on the patient's remaining balance within thirty days of discharge. If the patient is unable to pay the remaining balance within thirty days of discharge, the patient may enter a payment plan with no additional discount. Patients who cannot pay at time of service will follow the payment arrangements outlined in the Financial Counseling Policy.

2. Eligibility for Payment Plan. Patients who have already received a discount for cash or prompt payment will not be eligible for additional discounts.

The monthly payment shall be determined by dividing the total balance by the number of months in the plan as represented in the attachment. Patients wishing to establish payment plans for their total charges will be given the opportunity utilizing the attachment.

3. Payments. Arrangements may be established after the first payment has been received by facility. Payments are due on the agreed upon schedule after the first of the month. If a patient fails to make two or more payments, at thirty (30) day intervals from the first payment date, the hospital has the option to terminate the payment plan and place the remaining balance of the patient's account in the collections process. A written notice of such action will be sent to the patient prior to taking that action.
4. Notice to Patient. The hospital's billing office or admissions staff shall make available the Discount and Payment Plan Policy and Financial Counseling Policy to patients during the registration process and/or during the collection/financial counseling process. In addition, the policy and payment arrangement guidelines will be on the hospital website.

ATTACHMENT (S)

- Attachment A - Payment Plan Guidelines
- Payment Plan Agreement

REFERENCE (S)

- None

Original Effective Date:	3/2016				
Reviewed and/or Revised Dates					
	1st	2nd	3rd	4th	5th
Review Date:	04/23/18				
Revised Date:	04/23/18				
Supersedes:	04/24/17				
By:	T. Martinez				

ATTACHMENT A

PAYMENT PLAN GUIDELINES

Amount of Charges	Payment Arrangement	Time Period
Under $300	**Minimum $25.00 per month**	**Up to 12 months**
$301 - $600	**Minimum $50.00 per month**	**Up to 12 months**
$601 - $900	**Minimum $75.00 per month**	**Up to 24 months**
$901 - $2000	**Minimum $100.00 per month**	**Up to 24 months**

The payment plan guidelines for balances over $2,000. should be divided by 24 monthly installments. Payment plans that do not meet the minimum amount must be approved by the Business Office Manager.

AGREEMENT TO PAY FOR MEDICAL SERVICES

Name: _____ Patient Account Number(s)_____

Present Balance due on Account: $_____ Date: _____

AGREEMENT

The undersigned hereby agrees to pay Clayton Health Systems, Inc (UCGH/UCHC/CFP) the above stated amount plus any subsequent charges for medical services provided to the following patients. All charges will be in accordance with rates approved by Clayton Health Systems, Inc unless otherwise indicated.

List of Accounts by Patient Name and Account Number:

_____ _____ $_____

_____ _____ $_____

_____ _____ $_____

_____ _____ $_____

TOTAL $_____

PAYMENT PLAN

I, _____, will pay _____an initial payment of $_____ on _____ and subsequent monthly payments in the amount of $_____ on the _____day of each month beginning_____, until the account(s) are paid in full; provided that I shall have the privilege of paying the total balance due at any time. There are no interest charges.

In case of default on any of the above payments agreed upon, the remaining balance on the account shall become immediately due and payable at the option of Clayton Health Systems, Inc. this agreement shall in no way release any other party or parties who might also be liable for payment of the patient account(s).

_____ _____

Signature of Guarantor Date

_____ _____