



## PATIENT FINANCIAL SERVICES POLICIES AND PROCEDURES

1. No balance will be carried over longer than stated in the payment schedule listed below.

### Balance

O- 100	2 equal payments
101- 500	6 equal payments
501- 1000	10 equal payments
1001- 2000	12 equal payments
2001- 2501	15 equal payments
over 2501	24 equal payments

2. If a patient feels they cannot pay within the schedule, they will be asked to complete a Financial Assistance Form (FAF). The purpose of this form is to determine whether or not the patient is in a financial position that they cannot have their account paid within the requirement. If patient refuses to fill out the Financial Assistant Form, their account will be turned to an outside collection agency after the time has elapsed according to the payment schedule.
3. When a patient fills out a FAF, the following conditions will apply:
  - A. A committee will determine whether the patient is eligible for financial assistance.
  - B. If it is determined that the patient is not eligible for financial assistance, the payment schedule applies. If the account is not paid within the payment schedule, it will be referred to our collection agency.
  - C. Any other requests will have to be approved by the Director of Patient Financial Services.
4. The patient payment plan form should be used to document the payment plan and should be signed by the patient. If the arrangement is made over the telephone, mail the payment plan and letter notifying the patient/guarantor of the terms in writing.
5. No plans should be established with patients under the age of 18.
6. Advise patient/guarantor that all future services are payable in the usual manner and will not be automatically added to patient payment plan.
7. The Financial Counselor will review the missed payment report or the system to monitor the accounts for current payments.
8. Default in a patient/guarantor's payment plan results in the following action:
  - a. The Financial Counselor will review first missed payment.
  - b. Failure to make payment will result in turnover to the Collection Agency.
9. All requests to add future charges to an existing patient payment plan will be treated as a new request and evaluated accordingly.