

 <p>301 TYSON AVENUE * PARIS, TN * 642-1220 POLICIES/PROCEDURES</p>		REF: 8310.1.7.329
		PAGE: 1 of 2
		APPROVED BY:
SUBJECT: Collections and Payment Plans		DATE APPROVED: 6/30/10
		DATE REVIEWED:
BY: Administration		SUPERSEDES: 8310.1.07.450 dated 5/5/08
Policy		Henry County Medical Center will attempt to collect the full amount of patient liability or reach mutually agreeable terms prior to rendering services. Financial options may include deposits, payment plans, federal/state/county assistance, or charity applications.
Purpose		Henry County Medical Center is committed to patient satisfaction and accountability in the collection process and, therefore, will be diligent in securing payment for services before they are rendered, but will not delay or deny emergent or urgent services based on the patient's ability to pay.
Procedure		<ol style="list-style-type: none"> <li>1. Registration will have readily available the estimated amount due on all procedures for which the patient has been registered and work with the patient to obtain either payment in full, deposits, or assist the patient in completing the paperwork necessary for federal/state/county assistance, or charity.</li> <li>2. Registration staff will follow the payment guidelines below for any non-emergent patient who presents as self-pay or has a deductible, co-pay or co-insurance due. If the patient is unable to commit to the payment arrangements outlined below, the registrar will escalate the account to the Financial Counselor or designee. <ul style="list-style-type: none"> <li>• Registration staff will request payment in full prior to service.</li> <li>• Elective Procedures should not be performed without payment in full.</li> <li>• If the patient is unable to pay the procedure rate amount in full, the account should immediately escalate to the Financial Counselor or designee. ( Guidelines below)</li> </ul> </li> </ol>
	<b><u>Elective Procedures:</u></b>	
	<b><u>Pre-registered Patients:</u></b>	<ul style="list-style-type: none"> <li>• Registration pre-registration staff will request payment in full.</li> <li>• If the patient is unable to commit to payment in full, the Registration pre-registration staff will escalate the account to the facility financial counselor.</li> <li>• The Financial Counselor will contact the patient prior to service to establish payment.</li> <li>• If the patient is unable to make payment in full the Financial Counselor will establish a payment plan based on the payment guidelines below.</li> </ul>

	<p><b><u>Non-preregistered:</u></b></p> <p><b><u>Emergency Room Patients</u></b></p> <p><b><u>Deposit on Private Pay Accounts</u></b></p> <p><b><u>Balances After Insurance Payments</u></b></p> <p><b><u>Payment Arrangement Scale</u></b></p> <p><b><u>Prompt Payment Discount</u></b></p>	<ul style="list-style-type: none"> <li>● Registration staff will request payment in full.</li> <li>● If the patient is unable to make payment in full, the Registration staff will request one of the following payment arrangements below.</li> <li>● If the patient is unable to commit to a payment arrangement, the registrar will escalate the account to then Financial Counselor or designee.</li> <li>● If the Financial Counselor or designee is unable to establish payment or payment arrangements at the time of service, the account will escalate to the Director of Financial Services.</li> <li>● Patient Access staff will discuss payment arrangements with Emergency Room patients only after a medical screening exam and stabilization has occurred.</li> <li>● Patient Access staff will request payment in full.</li> <li>● If the patient is unable to make payment in full, the Patient Access staff will request one of the following payment arrangements below.</li> <li>● Inpatient - \$1,878.00</li> <li>● Scheduled outpatient surgery – 30% of estimated charges</li> <li>● Routine outpatient services – 30% of estimated charges</li> <li>● Elective surgery – 70% of estimated charges</li> <li>● Follow payment arrangements for any remaining balance</li> <li>● Follow payment arrangements below.</li> </ul> <table border="0" data-bbox="560 1218 1534 1470"> <thead> <tr> <th><u>Amount Owed</u></th> <th><u>Minimum Payment</u></th> <th><u>Maximum Months</u></th> </tr> </thead> <tbody> <tr> <td>\$10-\$100.00</td> <td>Payment in full</td> <td></td> </tr> <tr> <td>\$101-\$500.00</td> <td>\$50/month</td> <td>6</td> </tr> <tr> <td>\$501-\$1000.00</td> <td>\$75/month</td> <td>12</td> </tr> <tr> <td>\$1001-\$5000.00</td> <td>\$100/month</td> <td>24</td> </tr> <tr> <td>\$5001-\$7500.00</td> <td>\$200/month</td> <td>36</td> </tr> <tr> <td>Above \$7500.00</td> <td>To be determined</td> <td></td> </tr> </tbody> </table> <p>Discount given to patients if account balance is paid in full within 10 days of the payment arrangement.</p> <ul style="list-style-type: none"> <li>● Total discount not to exceed 30% of total charges billed.</li> </ul> <p><b>Note: In the event that collection efforts are unsuccessful, a “Collection Agency” may be utilized to assist in the collection of any patient or guarantor responsible balance.</b></p>	<u>Amount Owed</u>	<u>Minimum Payment</u>	<u>Maximum Months</u>	\$10-\$100.00	Payment in full		\$101-\$500.00	\$50/month	6	\$501-\$1000.00	\$75/month	12	\$1001-\$5000.00	\$100/month	24	\$5001-\$7500.00	\$200/month	36	Above \$7500.00	To be determined	
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