

**Policy and Procedure**

**Policy #:**  
**Status:**  
**Version #:**  
**Effective Date:**  
**Scope:**  
**Population:**

**Title: *Installment Payment Arrangements- Arizona Region***

**I. Purpose:**

- A. To inform the patient/guarantor of payment alternatives available for satisfying patient liability and to provide the patient with the best method to formally arrange payment based upon the patient’s financial status and ability to pay.

**II. Procedure/Intervention(s):**

- A. Patient Representatives.
  - 1. Make every attempt to have the patient/guarantor pay the amount in full at time of service or upon receipt of statement. For patients seeking treatment in the Emergency Room, OB Triage or Psychiatric Crisis Center, that means after the medical screening exam and the initiation of stabilization.
  - 2. For scheduled self-pay elective services a minimum deposit of 50% of estimated charges must be obtained prior to or at time of service. The balance may be paid in three (3) equal monthly payments.
  - 3. If patient/guarantor is unable to make payment in full for other than scheduled elective services, then use attached payment scheduled to set up installment payments.

**Patient Schedule:**

<u>Patient Balance</u>	<u>Payment Schedule</u>
\$ 0 – 300	3 equal monthly payments
300-1200	6 equal monthly payments
1200-1800	9 equal monthly payments
Over 1800	12 equal monthly payments

- 4. If patient requires time in excess of 6 months for any amount, patient must provide the following:
  - a. Denial from a Bank Loan Program
  - b. A completed Financial Statement
  - c. Most recent year tax return
  - d. Bank statements
- 5. These documents will be reviewed by the Facility Director of Patient Financial Services to determine if a longer schedule is acceptable based upon the information provided. This information will also be evaluated to see if the patient qualified for charity care.
- 6. If patient requires time in excess of 12 months for any amount, approval must be obtained from the BH Arizona Regional Director of Patient Financial Services.

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**III. Documentation (Documents & Forms):**

A. N/A

**IV. Additional Information:**

A. N/A

**V. References:**

A. N/A

**VI. Other Related Policy/Procedures:**

A. BH Charity Policy

**VII. Cross Index As:**

- A. Patient Financial Services
- B. Patients
- C. Payment