



<b>Policy/Procedure #:</b>		<b>Revision #:</b> 0	<b>Status:</b> Pending	<b>Replaces:</b>
<b>Policy/Procedure Type:</b>	Administrative			
<b>Reference:</b>	Administrative Other:			
<b>Title:</b>	<b><i>PATIENT FINANCIAL SERVICES PROMPT PAY DISCOUNT</i></b>			
<b>Approved By:</b>	BHA FINANCE GROUP	<b>Effective Date:</b>	APRIL 12, 2000	
<b>Originator/Author:</b>	BETSY SULLIVAN	<b>Department:</b>	PATIENT FINANCE SERVICES	
<b>Review Date:</b>		<b>Revised Date:</b>		
<b>Scope:</b>	System-wide	<b>Population:</b>	All Patients	
<b>Define Scope/Population:</b>				

**I. Purpose:**

To establish a procedure for administering requests for prompt pay discounts from patients. Periodically it is necessary to provide discounts on patient accounts.

**II. Policy:**

1. For pre-scheduled services the payment must be received prior to or at time of service. Discount will be applied to the estimated charges. For charges exceeding the estimated amount, the discount will apply if payment is received within 10 working days from receipt of itemized statement.
2. For emergent services the discount will be applied if payment is received within 10 working days from receipt of itemized statement.
3. Banner Health Arizona will not provide a UB-92 or bill third party payors for prompt pay discounted services.
4. A signed letter of agreement should be received from the patient and/or guarantor.
5. The account should be clearly documented, so the appropriate adjustment can be made when payment is received.
6. The following rates should be applied for prompt pay discounts:
  - For total charges less than \$500 – 10% discount
  - For total charges between \$500 and \$5,000 – 15% discount
  - For total charges greater than \$5,000 – 20% discount
7. The prompt pay discount cannot be taken in conjunction with any other discounts or contractual arrangements, or with the following discounted services:
  - Screening mammograms
  - OB packages
  - Plastic surgery packages
  - Ambulatory Surgical Procedure Rates



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

**AGREEMENT FOR PROMPT PAY DISCOUNT**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Estimated Charges

\_\_\_\_\_  
Amount Paid

**AGREEMENT**

The undersigned hereby agrees to pay Banner Health Arizona the estimated amount less the prompt pay discount of \_\_\_\_\_% for medical services provided. Any additional charges above the estimated charges will be paid to the hospital within ten (10) working days after receipt of the itemized statement. The prompt pay discount of \_\_\_\_\_% will also apply to this balance if paid with the 10 days.

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hospital Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Hospital