

Policy Title: Patient Financial Services: Installment Payment Arrangements		
Policy/Procedure Number: D320	Status: Active	Revision Number: 1
Region: AZ Region	Scope: Banner Desert Medical Center	Replaces:
Policy/Procedure Type: Departmental Practice	Reference: Operational / Administrative	Reference Other:
Approved by: Cay Strange	Originator/Author:	Department: Patient Financial Services
Effective Date: 1/1/2001	Expires Date:	
Review Date: 12/31/2002	Revised Date: 1/1/2003	
Reviewed By: Patient Financial Services		
Population: All Employees		
Define Scope/Population: Scope: BDMC Population: Patient Financial Services		
Cross Index: Installment Payment Arrangements: Patient Financial Services		
Published: Y		
<input type="button" value="Hide Header Information"/>		

Title: Patient Financial Services: Installment Payment Arrangements

I. Purpose:

- A. N/A

II. Policy:

- A. To inform the patient/guarantor of payment alternatives available for satisfying patient liability and to provide the patient with the best method of formally obligate patient liability in relation of the patient's financial status and ability to pay.

III. Procedure/Intervention(s):

- A. Responsibility – Patient Rep.
1. Make every attempt to have the patient/guarantor pay the amount in full at time of service or upon receipt of statement.
 2. If patient/guarantor is unable to make of payment in full, then offer payment in ninety-days. This will be three (3) equal monthly payments.
 3. If patient/guarantor is unable to make payment in full, then use attached payment schedule to set up installment payments.
 - a. Patient Schedule (patient balance/payment schedule):

(1)	\$0 - \$300	3 equal monthly payments
(2)	\$300 - \$1,200	equal monthly payments
(3)	\$1,200 - \$1,800	9 equal monthly payments
(4)	Over \$1,800	12 equal monthly payments
 4. If patient requires time in excess of 6 months for any amount, patient would need to 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 BHS System Director of Patient Financial Services.

IV. Documentation (Documents & Forms):

A. N/A

V. Additional Information:

A. N/A

VI. References:

A. N/A

VII. Other Related Policy/Procedures:

A. N/A

VIII. Cross Index As:

A. Installment Payment Arrangements: Patient Financial Services