

Policy Title: Prompt Pay Discounts		
Policy/Procedure Number: A1800	Status: Active	Revision Number: 1
Region: BH	Scope: Banner Health	Replaces: Prompt Pay Discounts for Arizona Region
Policy/Procedure Type: Administrative	Reference: Patient Financial Services	Reference Other:
Approved by: Peter Fine	Originator/Author: Betsy Sullivan	Department: Patient Financial Services
Effective Date: 1/13/2005	Expires Date:	
Review Date:	Revised Date:	
Reviewed By: APC, PFS, SMT		
Population: All Employees		
Define Scope/Population: Population: PFS This policy replaces the prompt pay discounts policy for AZ Region.		
Cross Index: Prompt Pay, PFS		
Published: Y		
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Title: *Prompt Pay Discounts*

I. Purpose:

- A. To establish a procedure for administering requests for prompt pay discounts from self-pay patients.

II. Policy:

- A. Periodically it is necessary to provide discounts on self-pay patient accounts.

III. Procedure/Intervention(s):

- A. 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 30 working days from receipt of itemized statement. For emergent services the discount will be applied if payment is received within 30 working days from receipt of itemized statement.
- B. Banner Health will not provide a UB-92 or bill third party payors for prompt pay discounted services.
- C. A signed letter of agreement should be received from the patient and/or guarantor whenever possible.
- D. The account should be clearly documented, so the appropriate adjustment can be made when payment is received.
- E. The following rate should be applied for prompt pay discounts: 20% discount.
- F. The prompt pay discount cannot be taken in conjunction with any other discounts or contractual arrangements,

or with the following discounted services:

1. Screening mammograms
2. OB packages
3. Plastic surgery packages

IV. Documentation (Documents & Forms):

A. *Attachment: Agreement for Prompt Pay Discount*

V. Additional Information:

N/A

VI. References:

N/A

VII. Other Related Policy/Procedures:

N/A

VIII. Cross Index As:

- A. Prompt Pay
- B. PFS
- C. Patient Financial Services
- D. Finance

AGREEMENT FOR PROMPT PAY DISCOUNT

Name

Account Number

Estimated Charges

Amount Paid

AGREEMENT

The undersigned hereby agrees to pay Banner Health the estimated amount less the prompt pay discount of 20% for medical s provided. Any additional charges above the estimated charges will be paid to the hospital within thirty (30) working days afte of the itemized statement. The prompt pay discount of 20% will also apply to this balance if paid with the 30 days.

Signature of Guarantor

Date

Signature of Hospital Representative

Date

Hospital