 <p><b>HUNTSVILLE</b> MEMORIAL HOSPITAL</p>	<p><b>POLICY &amp; PROCEDURE</b></p>
<p><b>SPONSOR:</b> General Counsel</p>	<p><b>AREA:</b> Legal</p>
<p><b>SUPERCEDES:</b></p>	<p><b>DESCRIPTION:</b> Financial Assistance</p>
<p><b>APPROVED:</b> 12/09/20</p>	<p><b>REFERENCE:</b> LAW004.3</p>
<p><b>EFFECTIVE:</b> 02/28/2020</p>	<p><b>PAGE:</b> 1 of 3</p>
<p><b>REVIEWED:</b> 02/28/2020</p>	


DISCOUNT AND PAYMENT PLAN POLICY

POLICY STATEMENT


Huntsville Memorial Hospital shall offer discounts, and payment plans to patients unable to pay their hospital charges in full. This policy shall apply to all persons receiving financial counseling at any point in the admission, discharge, or collections process. The hospital shall train its employees providing financial counseling to patients regarding the process for discounts and payment arrangements. Employees providing financial counseling to current and discharged patients will follow this Discount and Payment Plan Policy in conjunction with the Financial Counseling Policy to determine the appropriate action regarding a patient's payment arrangement.

PROCESS

1. Cash Discounts. Discounts shall be offered to uninsured patients who are willing to pay their balances in full at the time of service. Patients who are willing to pay by cash or credit card at the point of service will receive a 75% discount off of total estimated charges. Unanticipated charges not quoted at time of service will also be billed to the patient with the pre-approved discount. Patients who cannot pay at time of service will follow the payment arrangements outlined in the Financial Counseling Policy.
  
2. Payment Plan Eligibility and Guidelines. If a patient is unable to pay the estimated patient portion in full at the time of service, the patient may enter into a payment plan with the hospital. Patients participating in a payment plan will receive a discount based on the guidelines set forth in Attachment A to this Discount and Payment Plan Policy. A patient who has already received a discount for cash or prompt payment shall not be eligible for additional discounts (subject to any discounts for which such patient may qualify in accordance with the Financial Assistance Policy). The monthly payment shall be established to mirror payment plans that will be extended by collection agencies who work on behalf of the hospital, as represented in Attachment A to this Discount and Payment Plan Policy.

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3. Payments. A good faith deposit is required at time of service. This is generally 10% of the estimated patient portion. Remaining payments are due on an established schedule after the first of the month. If a patient fails to make two or more payments, at thirty (30) day intervals from the first payment date, the hospital has the option to terminate the payment plan and place the remaining balance of the patient's account in the collections process.
  
4. Notice to Patient. The hospital's billing office or patient access staff shall make available and offer the Discount and Payment Plan Policy and Financial Counseling Policy to patients during the registration process, and during all subsequent discussions regarding patient balances due.

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ATTACHMENT A

PAYMENT PLAN GUIDELINES

Balance	Guideline
\$10 - \$150	Minimum amount is \$25
\$151 - \$250	Divide balance by 6 months
\$251 - \$350	Minimum amount is \$50
\$351 - \$500	Divide balance by 7 months
\$501 - \$900	Minimum amount is \$75
\$901 - \$1000	Divide balance by 12 months
\$1001 - \$2400	Minimum amount is \$100
\$2401 and above	Divide balance by 24 months