

<b>BAPTIST HOSPITALS OF SOUTHEAST TEXAS</b>	
Policy Manual:	Patient Financial Services
Policy Number:	PFS.01.01.0029
Original Date:	October 7, 2004
Review Date:	04/16,07/18, 07/19,6/21
Reviewed By:	Admin Director Business Svc
Revision Date:	4/16, 07/19
This Policy Supercedes:	906-006
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**SUBJECT: DISCOUNT AND PAYMENT PLAN POLICY**

**POLICY STATEMENT**

The hospital shall offer discounts, payment plans and/or loans 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 either pay their balances in full or under a payment plan. Patients who are willing to pay by cash or credit card at the point of service will receive a pre-approved discount off of total charges. Unanticipated charges not quoted at time of service will also be billed to the patient with the pre-approved discount. Using financial counseling protocols the hospital will encourage payments on the patient's remaining balance within thirty days of discharge. 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 patient's remaining balance within thirty days of discharge, the patient may enter into a payment plan with the hospital. Patients participating in a payment plan may receive a discount based on the guidelines set forth in 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 determined by dividing the total balance by the number of months in the payment plan as represented in Attachment A to this Discount and Payment Plan Policy.
  
3. Payments. Patients shall pay the first payment upfront. 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 financial counseling process.

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5. Loan Program. Patient unable to pay by cash or payment plan may be eligible for the hospital's loan program, if available.

ATTACHMENT A  
PAYMENT PLAN GUIDELINES

<b>Amount of Charges</b>	<b>Payment Arrangement</b>	<b>Time Period</b>	<b>Discount</b>
\$10.00 to \$50.99	Payment in full	(none)	50%
\$51.00 to \$500.99	\$50.00 minimum payment	Up to 6 months	50%
\$501.00 to \$2000.99	\$75.00 minimum payment	Up to 12 months	30%
\$2001.00 and above	\$100.00 minimum payment	Up to 24 months	30%

**ONCOLOGY/RADIATION THERAPY ADDITIONAL GUIDELINES**

<b>Amount of Charges</b>	<b>Payment Arrangement</b>	<b>Time Period</b>	<b>Discount</b>
\$2001 to \$4000.00	\$111.00 minimum payment	Up to 36 months	30%
\$4001.00 and above	\$150.00 minimum payment	Up to 40 months	30%