| BAPTIST HOSPITALS OF SOUTHEAST TEXAS | | |
|--------------------------------------|------------------------------|--|
| Policy Manual: | Patient Financial Services | |
| Policy Number: | PFS.01.01.0029 | |
| Original Date: | October 7, 2004 | |
| Review Date: | 04/16,07/18, 07/19,6/21,6/24 | |
| Reviewed By: | Admin Director Business Svc | |
| Revision Date: | 4/16, 07/19 | |
| This Policy Supercedes: | 906-006 | |
| Page Numbering | Page 1 of 2 | |

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 applied to uninsured patients for a pre-approved discount off of total charges. 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. <u>Payment Plan Eligibility and Guidelines</u>. 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. 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. <u>Payments</u>. 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. <u>Notice to Patient</u>. 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.
- 5. <u>Loan Program</u>. Patient unable to pay by cash or payment plan may be eligible for the hospital's loan program, if available.

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ATTACHMENT A

PAYMENT PLAN GUIDELINES

| Amount of Charges | Payment Arrangement | Time Period |
|-----------------------|---------------------|-------------|
| \$10.00 to \$50.99 | Payment in full | (none) |
| \$51.00 to \$500.99 | \$50.00 minimum | Up to 6 |
| | payment | months |
| \$501.00 to \$2000.99 | \$75.00 minimum | Up to 12 |
| | payment | months |
| \$2001.00 and above | \$100.00 minimum | Up to 24 |
| | payment | months |

ONCOLOGY/RADIATION THERAPY ADDITIONAL GUIDELINES

| Amount of Charges | Payment Arrangement | Time Period |
|---------------------|---------------------|-------------|
| \$2001 to \$4000.00 | \$111.00 minimum | Up to 36 |
| | payment | months |
| \$4001.00 and above | \$150.00 minimum | Up to 40 |
| | payment | months |