

**CAROLINAEAST MEDICAL CENTER
PAYMENT PLAN POLICY**

Scope: This policy applies solely for CarolinaEast Medical Center patients.

Policy Statement:

Carolina East Medical Center recognizes medical services may create a financial burden for our patients. Patients who are unable to meet their financial obligation by paying in full and don't qualify for financial assistance may qualify for interest free payment plans in accordance with this policy. This applies to true self pay balances and balances after insurance.

CarolinaEast Medical Center at its sole discretion may utilize a third party to establish and maintain payment plans or assist in financial counseling

CarolinaEast Medical Center may request a deposit (down payment) prior to approving a payment plan or elective services.

CarolinaEast Medical Center and its agents shall comply with State and Federal laws and regulations including the IRS 501r rule.

This policy is utilized in conjunction with the Financial Clearance and Financial Assistance policies.

Medical Center staff and agents may utilize healthcare propensity to pay scores, consumer credit reports and other financial data to determine financial assistance or payment plans.

Recurring payments may be required utilizing CarolinaEast Medical Center's payment portal.

MINIMUM MONTHLY PAYMENTS

Ideally monthly payments should not be lower than ten percent (10%) of the combined balances or exceed twenty-four months notwithstanding the financial circumstances of the patient and the 25.00 minimum payment rule except for the final payment otherwise the following is a guideline.

Minimum monthly payment of 25.00 is based on small balances or details justifying the payment.

Balance	Monthly Payment
25.00 – 200.00	25.00 – 50.00
200.01 – 1,000.00	50.00 – 100.00
1,000.01 – 5,000.00	100.00 – 250.00
5,000.01 - 10,000.00	250.00 – 500.00
10,000.01 and greater	500.00 – 750.00

Discretion may be given to lower or increase monthly payments based on the patient's financial circumstances and balance.

GENERAL GUIDELINES AND PROCEDURES

Payment Posting

It is essential that monthly payments for accounts that haven't been referred to an outside collection agency are posted to all accounts with a minimum payment of 10.00 every 60 days to prevent an agency referral.

a. Combining Balances –

Once a patient has paid as agreed for three consecutive months or as instructed by Leadership all balances should be combined to the most recent date of services **except for balances after a Medicare payment.**

b. Verify that all third party payers have been loaded into the system.

d. Verify that the patient does not have additional accounts with an outstanding balance.

e. If there are multiple accounts with balances due, a payment plan needs to be established on all accounts. Exception: accounts referred to any outside collection agent shall not be included in the payment plan established for active Medical Center accounts without Leadership approval and after consultation with the outside collection agent

c. Patient payment plans are not permitted when insurance benefits were not assigned to CarolinaEast Medical Center and were paid directly to the patient. A patient may qualify for a payment plan after the full direct insurance payment is received by the Medical Center.

d. Patient payment plans are not permitted for elective cosmetic and other non-medically necessary services. All non-medically necessary services are to be paid in full prior to services. Registration staff shall obtain the patient's signature on the non-covered form, (ABN/ financial waiver)

e. **IRS rules require that we make patients aware of our Financial Assistance Program. We must evaluate patients prior to establishing a payment plan or requesting a deposit.**

f. No plans should be established with any patient under the age of (18) unless the patient is an emancipated minor

- g. Advise patient/guarantor that all future services are payable in the usual manner and will not be automatically added to the patient's current payment plan including employee payroll deductions.
- h. Requests to add new accounts to an existing payment plan will be treated as a new request and evaluated accordingly.
- i. Default in a patient/guarantor's payment plan may result in the revocation of the payment plan unless all missed payments are secured. Staff has discretion to reestablish or change a payment plan when a patient's financial situation warrants a change. A payment plan will be canceled if in default three times in a twelve month period.

Robert Nelson
Director, Business Affairs

Effective January 9, 2017