



Title:	Patient Payment Plans
Number:	PFS.042
Scope:	Huerfano County Hospital District
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Expert Reviewer:	N/A
Committee:	N/A
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Accrediting/Licensing Body:	N/A
Standard/Rule #:	C.R.S. 25-3-112 Colorado Hospital Payment Assistance Program Colorado Hospital Discounted Care House Bill 21-1198 I.R.S 501(r) Financial Assistance

POLICY

Huerfano County Hospital District (HCHD) compliant with federal and state regulations and has the financial stability to provide medical services to resident of Huerfano County.

PURPOSE

To ensure that payment plans are established per standardized guidelines.

PROCEDURE

1. HCHD does not collect patient balances for patients who are below 20% of the federal poverty guidelines. This includes patients who qualify for the Colorado Indigent Care Program or Hospital Discounted Care.
2. Patients who do not qualify for any financial assistance program may choose to apply for financial assistance at any time their financial circumstances have changed.
3. Patients who have balances will have their accounts referred to AR Services. AR Services is not a collection agency. They are contracted by the health system to send patient statements and monitor patient payment plans.
4. Non-qualified patients will have payment plans established as follows:

Patient Account Balance	Monthly Payment to AR Services	Maximum Plan
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\$50 and less	Pay balance in full within 30 days	
\$51 - \$100	2 payments	1 month
\$101 - \$500	\$50	10 months
\$501 - \$1,000	\$100	10 months
\$1,001 - \$1,500	\$150	10 months
\$1,501 - \$2,000	\$200	10 months
Over \$2,000	\$250	10 months

5. Patients with balances and do not pay in full, or set up a satisfactory payment plan with AR Services, will have their accounts reviewed for placement with an outside collection agency no sooner than 182 days from the date of the first statement.

RESCISSION

This document was revised on 08/01/22.