



Policy and Procedure Manual

Scope of Responsibility:

Single Billing Office

Payment Plans and Payroll Deduction

Policy #:	15.04.008
Chapter:	Record of Care, Treatment, and Services
Effective Date:	01/01/2017
Date Revised:	11/07/2019

POLICY

It is the policy of Cheyenne Regional Medical Center and Cheyenne Regional Medical Group (collectively Cheyenne Regional) to offer non-interest payment arrangements for patients to repay their outstanding account balance.

The Billing Office, Call Center, Cashier, and Financial Counselors are responsible for setting up payment plans with the account guarantor.

PROCEDURE

A. A payment plan is a financial agreement between the account guarantor and Cheyenne Regional. Every payment plan shall have the guarantor’s approval and shall not be set up by a representative of the patient (e.g. spouse, significant other, family member, or friend). Exceptions are:

1. A Power of Attorney
2. A parent can be a guarantor for his/her children

B. Payment plans shall be coordinated with the guarantor and the arrangement made within the parameters as follows:

\$50.00 to \$1,800.00	12 months
\$1,800.01 and up	24 months

1. Minimum payments of \$25.00 and at least monthly shall be enforced.
2. Management may approve monthly payment arrangements up to 36 months for accounts over \$5,000 with review of the guarantor’s financial situation. Additional documentation may be required.
3. The patient’s first payment is due at the time the payment plan is established. Thereafter, the patient will be billed monthly.



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C. Payment plans will be set up with automatic withdrawal by Cheyenne Regional. Automatic bill pay through the guarantor's bank account does not constitute automatic withdrawal. The following are acceptable ways to be enrolled in automatic withdrawal with the information required.

1. Check requirements:
 - a. First and Last Name on Check
 - b. Account Number
 - c. Routing Number
 - d. State listed on Check

2. Credit Card requirements:
 - a. Card Number
 - b. Expiration Date

3. Debit Card requirements:
 - a. Card Number
 - b. Expiration Date

D. Cheyenne Regional will attempt to contact the guarantor with the telephone number on file a month prior to the Debit or Credit Card expiring to update the form of payment as well as contact the guarantor to inform him/her that the transaction did not go through. If unable to obtain/verify a new and consistent form of payment, the accounts will be removed from the payment plan.

1. If no payment is received within the bill date, the account will be sent to bad debt.

E. Cheyenne Regional full-time and part-time employees (excluding PRN and temporary/casual employees) may utilize payroll deduction to pay accounts for which the employee is the guarantor.

1. The payment arrangement shall follow the process set forth within this policy to exclude the first payment when enrolled.



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2. The approved payment installment will be taken out of each paycheck until the account is paid in full.
3. An employee who chooses to utilize payroll deduct is required to sign an authorization form allowing Cheyenne Regional to deduct the funds from his/her paycheck.
4. Employees taking a nonpaid leave of absence are not eligible for payroll deduct during their absence and established payment installments will be terminated.
 - a. Payments during the absence will continue to be billed and shall be paid by cash, check, or credit card.
 - b. Once the employee has returned to work, payroll deduct may be reinstated upon notification by the employee.
5. If an employee has established payroll deduct for accounts that belong to another guarantor prior to this policy being in effect, these payment arrangements shall be honored until the account is paid in full.
 - a. Cheyenne Regional shall not arrange payroll deduct for any new accounts for which the employee is not the guarantor.

References:

Policy Cross Reference:

This policy replaces the following policy:

Key Words:



**Cheyenne Regional
Medical Center**

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<i>Signatures:</i>	<i>Committees:</i>
<i>Originator:</i>	
Revenue Cycle Administrator: _____ Date: _____	
<i>Authorized By:</i>	
Chief Financial Officer: _____ Date: _____	PRC Review Date: 10/31/2019
Chief Human Resources Officer: _____ Date: _____	