



Type of Policy: Patient Financial Services

Department policies apply only to a specific department or unit but does not impact the whole of CHKDHS.

POLICY TITLE: BI PO 085 PAYMENT PLAN

Effective Date: November 16, 2022 (Previous Version: New)

POLICY:

Patients who are unable to pay their balance(s) in full at time of service, at discharge, or upon receiving an invoice, will be granted the opportunity to participate in a payment plan. CHKD will inform every uninsured patient who receives services at Children’s Hospital of The King’s Daughters (CHKD) and who is determined to be eligible for assistance under CHKD’s Financial Assistance Policy of the option to enter into a payment plan.

PROCEDURE:

- a. Payment plans may be requested by the patient/guarantor or by hospital staff.
- b. Payment plans will allow patients/guarantors to pay their balance(s) in one of the following methods:
 - a. Recurring – Patients/guarantors can make recurring payments on a regular schedule that enables them to pay the entire balance within the time frame below. Recurring payments can be set up on the hospital’s patient payment portal or on the patient’s personal banking portal.
 - b. Installments- Patients/guarantors can make payments in a number of installments to pay the balance in full within the time frame below.

Combined Account Balance	Equal Monthly Payments
up to \$1,000	Up to 12 months
\$1000.01 - \$5000.00	Up to 24 months
\$5000.01 - \$10,000.00	Up to 36 months
\$10,000.01 - \$20,000	Up to 48 months
\$20,000.01 and greater	Up to 60 months

- c. The amount of recurring payments and the term of the payment plan will be determined based upon the patient’s/guarantor’s ability to pay. The minimum payment plan amount is \$25.00.
- d. The patient/guarantor will be provided terms of the payment plan in a written or electronic format, which shall provide for repayment of the cumulative amount owed to CHKD.

- e. The first payment plan payment is due within thirty (30) days of the date the payment plan is established.
- f. Interest and fees will not be assessed on active status accounts that are on a payment plan.
- g. No pre-payment penalty will be charged.
- h. Either patients/guarantors or CHKD may request and shall be granted the opportunity to renegotiate the terms of the payment plan. Circumstances giving rise to re-negotiation of a payment plan may include loss of income or loss of employment. The process of re-negotiating a payment plan includes the opportunity for a new screening for Medical Assistance or for CHKD's Financial Assistance Program in accordance with the terms of those programs.
- i. Interest and fees will not be charged for renegotiated payment plans.
- j. Payment plans are not available for third party liability accounts.
- k. Defaulted payment plan account(s) will follow the collection process outlined in CHKD's Billing and Collection Policy, H5449.
- l. Written information regarding the availability of a payment plan for the payment of patient debt owed to the hospital, and the payment plan renegotiation process, will be made widely available to patients.
- m. Exception: The Director of Patient Financial Services may make exceptions to this payment plan policy on a case-by-case basis following review of a patient's or guarantor's individual circumstances.

DEFINITIONS:

1. "Medical Assistance" means eligible for benefits under the Virginia or other applicable state Medicaid program.
2. "Uninsured patient" means a patient who does not have any health insurance, third-party assistance (including medical bill-sharing programs), medical savings account, or claims against third parties covered by insurance, is not covered under workers' compensation, a health benefit plan, or an employee welfare benefit plan, or does not receive benefits under Title XVIII or XIX of the Social Security Act or any other form of coverage from private insurance or federal, state, or local government medical assistance programs.

HOSPITAL CONTACT INFORMATION:

Patient Financial Services-Billing
757-668-7105

REFERENCES:

Va. Code Ann. § 32.1-137.010

RELATED DOCUMENTS:

Policy H3309, Financial Assistance – Charity Care

Policy H5449, Billing and Collection Policy

INDIVIDUALS REVIEWING

Kimberly S. Day, Vice President, General Counsel

Amy McClanan, Director, Patient Financial Services

Toni Barnes, Patient Account Manager, Patient Financial Services

POLICY OWNER: Terrie Pyeatt, Vice President, Finance