



POLICY and PROCEDURE

Self-Pay Prompt Pay Discount		
Effective Date: 12/1/2021	Original Date: 4/13/2021	Approval Date: 12/1/2021
Number: O-181		
Facility (Scope): Organization Wide		
Type: General 2-year Review		Owner: Mary Parker, Director of Business Operations
Replaces: NA		
Other required review/approval: Ian Peterson, CEO		
Regulatory or Accreditation Agency: NA		

POLICY STATEMENT:

Pioneer Medical Center (PMC) offers a 20% self-pay discount to any patients who pay their bill in full within 30 days from when the self-pay balance is determined. This policy applies to uninsured patients, and patients with a self-pay balance after insurance has paid their claim. This policy.

DEFINITIONS:

- Patient Account Representative: Can be an employee of PMC or a with a third party billing agent that is tasked with billing operations and collections.

PROCEDURE:

- Exclusions: This policy excludes all Assisted Living Facility, Long-term Care, and Hospice Patient accounts.
- Pioneer Medical Center would like to work with their patients to assist them financially and to ensure timely payment of amounts owing.
- If a patient requests a prompt pay discount or for a period up to 30 days from when their self-pay balance is determined, the billing agent and staff are authorized to offer that person a 20% prompt pay discount. Patients must pay the outstanding self-pay balance in full in order to qualify for the discount.
- The Patient Account Representative will note the patient’s account with the verbal or written agreement of when the patient will pay their account in full in the billing software.
- Upon receipt of the payment, per the agreement, the Patient Account Representative will add the 20% prompt pay discount when posting the payment, using the appropriate adjustment code to the account at that time.
- If payment is not received per the proposed arrangement, the patient will continue to be billed for the balance in full and will comply with the Billing and Collections Policy for the organization.



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- Any exceptions to this policy must be approved by the CEO.

REFERENCES:

1. *Billing and Collections Policy 0-134*

KEY WORDS AND KEY PHRASES: Self Pay Discount Billing

“In order to retain necessary flexibility in the administration of policies and procedures, Pioneer Medical Center reserves the right to revise, supplement, or rescind any policies or procedures at its discretion. Moreover, Pioneer Medical Center may take reasonable action as necessary to clarify existing policies or to respond to issues not addressed by any written policy or procedure.”