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|---------------------------------------------|----------------------------------|
| <b>Appendix B – Payment Plan Guidelines</b> | RC-002<br>Appendix B             |
| Penn State Health Revenue Cycle             | Effective Date:<br>February 2026 |

**SCOPE AND PURPOSE** *The document is applicable to the people and processes of the following Penn State Health components specified below:*

|                                                                       |                                                                                 |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Penn State Health Shared Services | <input type="checkbox"/> Penn State College of Medicine                         |
| <input checked="" type="checkbox"/> Milton S. Hershey Medical Center  | <input checked="" type="checkbox"/> Medical Group – Academic Practice Division  |
| <input checked="" type="checkbox"/> St. Joseph Medical Center         | <input checked="" type="checkbox"/> Medical Group - Community Practice Division |
| <input checked="" type="checkbox"/> Holy Spirit Medical Center        | <input checked="" type="checkbox"/> Penn State Health Life Lion, LLC            |
| <input checked="" type="checkbox"/> Hampden Medical Center            | <input checked="" type="checkbox"/> Pennsylvania Psychiatric Institute          |
| <input checked="" type="checkbox"/> Lancaster Medical Center          |                                                                                 |
| <input checked="" type="checkbox"/> Lancaster Orthopedic Group        |                                                                                 |

## **POLICY AND PROCEDURE STATEMENTS**

To define how the customer service and financial counseling staff will provide patients with the ability to satisfy the personal obligation through pre-arranged monthly payments.

- A payment plan will be established when a patient is not able to pay the outstanding balance(s) in full and can be established over the telephone, in person, or via mail/email.
- The staff member researches the patient accounting system for the patient and other family members' accounts. Each family member should be a separate payment plan.
- In order to satisfy the outstanding balance(s), a separate payment plan should be established in each patient accounting system.
- Staff should indicate the acceptable biweekly or monthly payment plan.
  - If the patient is unable to pay the amount biweekly or monthly in time frame, a discussion should take place regarding PSH Financial Assistance.
- The required monthly payment will be established using the following guidelines:

| <b>Balance Amount</b> | <b>Number of Biweekly Installments</b> | <b>Number of Monthly Installments</b> |
|-----------------------|----------------------------------------|---------------------------------------|
| \$50-\$2000           | 4,9,13,19,26                           | 2,4,6,9,12                            |
| \$2001-\$2500         | 4,9,13,19,26,32                        | 2,4,6,9,12,15                         |
| \$2501-\$3000         | 6,13,19,26,32,39                       | 3,6,9,12,15,18                        |
| \$3001-\$3500         | 6,13,19,26,32,39,45                    | 3,6,9,12,15,18,21                     |
| \$3501-\$4500         | 9,13,26,32,39,52                       | 4,6,12,15,18,24                       |
| \$4501-\$7500         | 3,26,32,39,52,65                       | 6,12,15,18,24,27,30                   |
| \$7501 and above      | 13,26,39,52,65,77,90                   | 6,12,18,24,30,36,42                   |

- Payment plans cannot be created for balances less than \$50.
- The minimum installment amount is \$25 per month but will vary based on the balance size and timeframe the guarantor has elected to set for their payment plan.

See a manager for exceptions. Management may approve payment plans outside of the guidelines for extenuating circumstances.

## **RELATED POLICIES AND REFERENCES**

RC-002 PATIENT CREDIT AND COLLECTIONS POLICY

## **APPROVALS**

|             |                                                                |
|-------------|----------------------------------------------------------------|
| Authorized: | Tracy Moyer, Senior Vice President and Chief Financial Officer |
| Approved:   | Nicholas Haas, Vice President, Revenue Cycle                   |

## **DATE OF ORIGIN AND REVIEWS**

Date of origin: 7/16/19

Review Date(s): 4/15/21, 2/27/2023, 1/29/2025,2/2026

## **CONTENT REVIEWERS AND CONTRIBUTORS**

Manager, Financial Counseling

Manager, Customer Service