

Be empathetic not sympathetic

◦ -understand the patient's situation, but pursue reasonable payment options with the patient.


-we **must** be sincere when empathizing with the patient.

Put yourself in the patient's shoes


-how would you want the situation explained, presented, and handled?




I have already met my out of pocket this year.



I understand Mrs. Smith & that is why we verify your benefits with your insurance carrier. They have stated that you have not met your out of pocket yet this year. We verify with your carrier in order to provide you with the most current coverage information. How would you like to take care of your coinsurance today? We accept cash, check and credit card.




I would like to wait until my insurance pays and then I will pay.



Unfortunately insurance rarely covers all costs. As a service to you, we've already verified your coverage benefits and your estimated portion due today is \$_____. How would you like to take care of that? We except cash, check and credit cards.




**I have never had to pay
before. Just send me a bill.**




Since you were last here, we have made changes in our processes that no longer allow us to delay collecting copayments, deductibles, or coinsurance amounts. This helps to ensure that we keep medical costs down for everyone. By taking care of your portion now, you can avoid worrying about a bill later. Would you like to take care of that by cash, check or credit card?




I didn't bring my wallet.



I understand Mrs. Smith. Do you have somebody that could bring it to you? I would be happy to call them for you.




**I had a procedure (ER visit)
here before and I didn't have to
pay that much.**



I understand Mrs. Smith. Prices & coverage can vary for each type of procedure. We verify your coverage and benefits with your insurance carrier each time in order to provide you with the most current information. Would you like to take care of that by cash, check or credit card?



There is no way I can afford this!



I understand that this is a sizable amount of money, but we do have a variety of payment options, many of which I can process right here for you.



PAYMENT PLAN MATRIX

The following installment matrix will be used to calculate the patient's monthly payment amount:

Total of Patient's Liabilities	Maximum Repayment Term	Minimum Monthly Payment
\$50 and less	In Full	In Full
\$51 – \$100	2	\$40
\$101 - \$300	3	\$55
\$301 - \$600	6	\$75
\$601 - \$1,200	10	\$100
\$1,201 - \$3,000	12	\$150
\$3,001 - \$6,000	15	\$250
\$6,001 and over	18	\$350



Payment Plan Agreement

Effective Date: _____

Account Number: _____ Patient Name: _____

SSN: _____ Phone Number: _____

Personal Balance: \$ _____

Payment Terms:

Payment Amount: \$ _____

Date of first payment due: _____

Plan Term (# of months): _____

I agree to the Payment Agreement terms stated above and understand that any additional unpaid charges accrued will result in adjustment of the payment amount to satisfy the plan term. If circumstances arise that I am unable to meet the terms as stated, I understand that it is my responsibility to contact Skaggs Customer Service @ 417-348-8620 to make other arrangements. I agree that if the account is placed for collection, to pay interest on all amounts due, calculated at the annual rate of 9%, as defined by Mo. Rev. Stat. 408.020, plus all collection agency costs, and reasonable attorney fees. I also agree to waive venue and do agree that any action filed to collect any amounts due for services rendered shall be filed in Taney County, Missouri.

Date: _____ Signature: _____ Relationship: _____

Date: _____ Signature: _____ Relationship: _____

Date: _____ Witness: _____

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SOURCE: Skaggs Regional Medical Center, Branson, MO.