

Marlette Regional Hospital Account Balance Terms Attachment A 2/22/2019

Based upon the patient account balance amounts outlined below, this schedule represents the minimum monthly payment amount and term that is acceptable for paying an account over time.

| <u>Account Balance</u> | <u>Term</u> | <u>Monthly Payment</u> |
|-------------------------|------------------|------------------------|
| Less than \$100.00 | 3 months | \$50.00 |
| \$101.00 - \$300.00 | 6 months | \$60.00 |
| \$301.00 - \$500.00 | 8 months | \$70.00 |
| \$501.00 - \$1,000.00 | 12 months | \$100.00 |
| \$1,001.00 - \$2,400.00 | 24 months | \$115.00 |
| \$2,401.00 - \$6,000.00 | 48 months | \$140.00 |
| \$6,001.00 - \$9,000.00 | 60 months | \$165.00 |
| Over \$9,000.00 | Manager Approval | |

The guidelines are meant for a single episode of care. If the patient is making payments on one account and has additional services, the total of all accounts owing must be considered and the minimum payment adjusted accordingly.