## HCMH Payment Options

## I will pay my balance in full within 30 days:

HCMH offers discounts on all balances paid within 30 days of their first billing statement. The discount offered varies based on the amount owed. Refer to the chart below:

| Account Balance Due | Discount | Example |
| :---: | :---: | :---: |
| \$1.00-\$500.99 | 10\% | A balance of $\$ 100$ would be reduced to $\$ 90$, giving you a $\$ 10$ savings. |
| \$501.00-\$999.99 | 15\% | A balance of $\$ 600$ would be reduced to $\$ 510$, giving you a $\$ 90$ savings. |
| \$1,000-\$4,999.99 | 20\% | A balance of $\$ 4,000$ would be reduced to $\$ 3,200$, giving you an $\$ 800$ savings. |
| \$5,000-\$9,999.00 | 25\% | A balance of $\$ 8,000$ would be reduced to $\$ 6,000$, giving you a $\$ 2,000$ savings. |
| \$10,000 and above | 30\% | A balance of $\$ 12,000$ would be reduced to $\$ 8,400$, giving you a $\$ 3,600$ savings. |

## I am unable to pay my balance in full within $\mathbf{3 0}$ days:

HCMH understands that medical expenses are often unexpected. If you are unable to pay your balance in full within 30 days, we are happy to work with you. Please contact one of our patient accounts staff about setting your accounts up on a payment plan. Refer to the chart below for our payment plan guidelines:

## Account Balance Due Payment Expected Per Month

$\$ 1.00-\$ 100.00$
$\$ 101.00-\$ 400.00$
$\$ 401.00-\$ 900.00$
$\$ 901.00-\$ 1,500.00$
$\$ 1,501-\$ 2,500.00$
$\$ 2,501-\$ 5,000.00$
Over $\$ 5,000.00$

Payment in Full
\$50 per month
\$75 per month
\$100 per month
\$150 per month
\$200 per month
Up to 24 months to pay in full

If you believe you have extenuating circumstances that require exception to these guidelines, contact our billing office to discuss other options, including financial assistance options available for our patients. Employee payroll deductions may differ from the payment table above with the written approval from HCMH Senior Management or the HCMH Revenue Cycle Director.

