Meridian Valley Health System

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mvhs.example/billing · Language assistance and TTY 711 available at no cost

PAYMENT PLAN AGREEMENT AND OPTIONS

Policy
PFS-PP-2027-03
Effective
March 1, 2027
Specimen balance
$1,019.68
Enrollment
1-855-555-0130

Choosing a Payment Plan

Four options priced against a specimen balance of $1,019.68, with setup rules, due dates, and what happens if a payment is missed

EVERY PLAN ON THIS PAGE IS INTEREST-FREE

No interest, no finance charge, and no setup fee on any standard plan. A payment plan in good standing is never reported to a credit bureau and never referred to an outside collection agency.

ACCOUNT	BALANCE ELIGIBLE FOR A PLAN	BALANCE BAND	STANDARD MAXIMUM TERM
MVH-2027-0093412	**$1,019.68**	**$500.00 – $1,499.99**	**12 months**
MINIMUM MONTHLY PAYMENT	FIRST PAYMENT DUE	DRAFT DATE	ENROLL BY
$50.00 for this band	**July 15, 2027**	**15th of each month**	**July 4, 2027**

THE FOUR OPTIONS, PRICED AGAINST A $1,019.68 BALANCE

OPTION	PLAN	PAYMENTS	AMOUNT PER PAYMENT	FINAL PAYMENT	TOTAL YOU PAY	FIRST DRAFT	FINAL DRAFT
A	Pay in full with the prompt-pay courtesy	1	$917.71	—	$917.71	By 07/04/2027	By 07/04/2027
B	Six-month interest-free plan	6	5 × $169.95	$169.93	$1,019.68	07/15/2027	12/15/2027
C	Twelve-month interest-free plan	12	11 × $84.98	$84.90	$1,019.68	07/15/2027	06/15/2028
D	Eighteen-month extended hardship plan	18	17 × $56.65	$56.63	$1,019.68	07/15/2027	12/15/2028

Option A applies a 10% prompt-pay courtesy of $101.97 to the $1,019.68 balance, leaving $917.71. In options B, C, and D the final payment differs by a few cents because the balance does not divide evenly; the totals reconcile exactly to $1,019.68.

THE ARITHMETIC, SHOWN

OPTION	REGULAR PAYMENTS	SUBTOTAL	FINAL PAYMENT	TOTAL
A	$1,019.68 – $101.97 courtesy	$917.71	—	$917.71
B	5 × $169.95	$849.75	$169.93	$1,019.68
C	11 × $84.98	$934.78	$84.90	$1,019.68
D	17 × $56.65	$963.05	$56.63	$1,019.68

Check any row yourself: subtotal plus final payment equals the total. Options B, C, and D each total the full balance because none of them adds or removes a dollar — they only change when you pay it.

TERM LIMITS BY BALANCE BAND

PATIENT BALANCE	MAXIMUM STANDARD TERM	MINIMUM MONTHLY PAYMENT
$1.00 – $499.99	6 months	$25.00
$500.00 – $1,499.99	12 months	$50.00
$1,500.00 – $4,999.99	24 months	$75.00
$5,000.00 and above	36 months	$150.00

Option D runs 18 months, which is longer than the 12-month standard term for this band. That is why it requires a completed financial assistance screening and business office approval before it can be opened.

SETUP RULES FOR EACH OPTION

OPTION	WHO CAN OPEN IT	WHAT IS REQUIRED AT SETUP	APPROVAL NEEDED
A	Anyone with a current balance	Payment in full by the statement due date. Available by phone, online, by mail, or in person. The courtesy is forfeited if any part is paid after the due date.	None
B	Any balance of $100.00 or more	Verbal or written agreement and a payment method on file. Autopay is optional.	None
C	Any balance of $500.00 or more	Signed or recorded agreement and a payment method on file. Autopay is optional.	None
D	Any balance, with documented hardship	Completed financial assistance application MVH-FAP-014 on file, signed agreement, and autopay enrollment. Autopay is required for extended terms.	Business office manager

DUE DATES AND AUTOPAY

- Every installment drafts on the 15th of the month. If the 15th falls on a weekend or a federal holiday, the draft moves to the next business day.
- The first draft is July 15, 2027 for every plan opened by July 4, 2027.
- Autopay can use a bank account or a card. A card on file must remain valid; an expired card causes a failed draft, not an automatic pause.
- Without autopay you receive a monthly statement and must pay by the 15th yourself. Statements are a courtesy, not a condition of the agreement.
- You may change the draft date once per plan, prepay any amount at any time without penalty, and pay the plan off early with no adjustment to the total.
- A returned payment carries a $15.00 fee, waived once per plan.

IF A PAYMENT IS MISSED

1. A grace period of 10 calendar days runs from the missed draft date. Paying inside the grace period keeps the plan in good standing.
2. A courtesy reminder is sent by text, email, or mail on day 3 of the grace period.
3. A first missed payment cured inside the grace period has no other effect.
4. A second missed payment within any rolling 12-month period places the plan in default.
5. On default the full remaining balance becomes due and the plan closes. You may request reinstatement once per account by bringing the plan current.
6. A defaulted balance is eligible for referral to an outside agency no earlier than 120 days after the default, and only after a written 30-day pre-referral notice.

CHANGES DURING THE LIFE OF THE PLAN

IF THIS HAPPENS	WHAT WE DO	WHAT YOU SHOULD DO
New charges are added to your account	New balances are not added to an existing plan automatically. We offer either a second plan or a consolidated plan recalculated over a new term.	Call within 30 days of the new statement so the term is set before a payment is missed.
Insurance pays more than expected after the plan opens	The overpayment is refunded or credited and the remaining installments are recalculated downward across the same term.	Confirm the revised amount on the next statement before the draft date.
Your income changes	We can extend the term within the band limits, or refer you to financial assistance for a discount that reduces the balance itself.	Call 1-855-555-0134 before a payment is missed, not after.
You need a short pause	One deferral of a single installment is available per plan. The term extends by one month.	Request the deferral at least 3 business days before the draft date.
A financial assistance application is approved	The approved discount is applied to the balance and the installments are recalculated on the reduced amount.	Keep making scheduled payments until the revised schedule is confirmed in writing.

PAYMENT PLAN AGREEMENT — FORM MVH-PFS-PP-031

GUARANTOR NAME	ACCOUNT NUMBER	BALANCE PLACED ON PLAN	OPTION SELECTED **A / B / C / D**
NUMBER OF INSTALLMENTS	INSTALLMENT AMOUNT	FINAL INSTALLMENT AMOUNT	FIRST DRAFT DATE
FINAL DRAFT DATE	AUTOPAY METHOD **Bank account / Card / None**	PREFERRED REMINDER **Text / Email / Mail**	APPROVED BY (OPTION D ONLY)

Acknowledgment: I agree to the installment schedule recorded above. I understand that this plan carries no interest and no setup fee, that the full remaining balance becomes due if the plan defaults as described above, that a plan in good standing is not reported to a credit bureau, and that I may cancel or change this plan by calling 1-855-555-0130 at least three business days before a scheduled draft.

SIGNATURE OF GUARANTOR	PRINTED NAME	DATE	STAFF USE — PLAN NUMBER

Before you choose: The amounts on this page are calculated from one specimen balance of $1,019.68. Your own plan is calculated from your own balance, and the option that is cheapest per month is not always the one that fits. Before choosing an extended term, ask whether financial assistance would reduce the balance itself — a discount beats a longer schedule. This page is not financial advice.