



Springfield Hospital \_ PO Box 2003 \_ Springfield, VT 05156

### **Discount Schedule**

If payment arrangements are needed, the approved Springfield Hospital payment schedule is as follows:

<b><u>Total Amount Due</u></b>	<b><u>Number of monthly payments</u></b>
Up to \$74.99	1
\$75.00 - \$149.99	2
\$150.00 - \$299.99	3
\$300.00 - \$499.99	6
\$500.00 - \$999.99	9
\$1000.00 - \$1499.99	18
\$1500.00 - \$3999.99	24
\$4000.00 and up	36

### **Prompt Pay Discount**

A prompt pay discount will be granted for self pay accounts where Springfield Hospital is not required to bill any type of insurance. The policy does not apply to co-pay and deductible balances remaining after insurance payment. The discount amount is as follows:

**25%** deduction of the total balance due if the full payment is made within **30 calendar days** from the date of the first bill.

**15%** deduction of the total balance due if the full payment is made within **40 calendar days** from the date of the first bill.

**5%** deduction of the total balance due if the full payment is made within **50 calendar days** from the date of the first bill.

The request form for the discount is included with your initial bill that is sent to every self-pay patient.