

Payroll Deduction Guidelines

All Payroll deductions are subject to the following guidelines before being considered as eligible to be processed.

- A new payroll deduction form **must** be submitted for each new date of service.
- Payroll deduction will begin **after** insurance has been processed.
- Estimated amounts or deductible amounts prior to insurance being processed are **not eligible** for payroll deduction.
- Outstanding account balances **may not be eligible** for payroll deduction due to additional fees accumulated by external collections.
- Deduction amounts that do not meet the established payment guidelines will **not be eligible**.
- Employees on leave or OPT status are **not eligible**.

Please include all account numbers and balances that are to be included in the payroll deduction. The total balance for all accounts included will be used to determine the minimum bi-weekly deduction amount.

Incomplete forms will not be processed. The employee will be contacted for correction or initiation of a new form. If the employee fails to respond, the form will be destroyed and the payroll deduction will not be set up at that time.

Once the Billing Office has determined the payroll deduction is eligible, the deduction amount will be processed with payroll. The deduction will begin on the next eligible pay period. Please contact Customer Service at **(405)252-8400** or toll free at **1-855-409-5458** with any other questions.

For your convenience completed forms can be returned by mail to:

**INTEGRIS Single Business Office
ATTN: Payroll Deduction Department
3100 Quail Springs Parkway, Suite 101
Oklahoma City, OK 73134**

Or Faxed to Customer Service at: **(405)713-4445**

Payment Guidelines

<u>PATIENT BALANCE</u>	<u>BI-WEEKLY PAYMENT</u>
\$0.00 - \$150.00	\$25.00
\$151.00 - \$500.00	\$37.50
\$501.00 - \$1000.00	\$50.00
\$1001.00 - \$2000.00	\$62.50
\$2001.00 - \$2500.00	\$75.00
\$2501.00 - over	\$100.00

Patient Accounting Payroll Deduction Form

Check box of facility where patient was treated:

- | | |
|--|---|
| <input type="checkbox"/> Baptist Medical Center (OKC)
<input type="checkbox"/> Bass Baptist Health Center (Enid)
<input type="checkbox"/> Canadian Valley Hospital (Yukon)
<input type="checkbox"/> Southwest Medical Center (OKC)
<input type="checkbox"/> Edmond Hospital (Edmond)
<input type="checkbox"/> INTEGRIS Medical Group Physicians | <input type="checkbox"/> Baptist Regional Health Center (Miami)
<input type="checkbox"/> Bass Pavilion Health Center (Enid)
<input type="checkbox"/> Grove Hospital (Grove)
<input type="checkbox"/> Willow View/Decision (Spencer)
<input type="checkbox"/> Cancer Institute of Oklahoma (OKC)
<input type="checkbox"/> Lakeside Women’s Hospital (OKC) |
|--|---|

Patient Name: _____

Patient Relationship to Employee: _____

Employee Name: _____

Employee ID Number: _____

Patient Account Number(s)	Balance on Account	Payment Guidelines	
_____	_____	Patient Balance	Bi-Weekly Payment
_____	_____	\$0.00-\$150.00	\$25.00
_____	_____	\$151.00-\$500.00	\$37.50
_____	_____	\$501.00-\$1000.00	\$50.00
_____	_____	\$1001.00-\$2000.00	\$62.50
_____	_____	\$2001.00-\$2500.00	\$75.00
TOTAL:	_____	\$2501.00-over	\$100.00

Payment amount Per Paid Period: _____

Employee Signature

Date

Witness Signature

Date

By completing and signing the above document you agree to allow INTEGRIS Health to withhold the amount submitted per pay period until the balance is paid in full. If you have any questions please contact Customer Service at (405) 252-8400.