



# Patient Payment Options

*Honoring Life  
~ Offering Hope*

## Purpose:

To provide resources and guidance for patient payment options

## Protocol:

### 1. Options for patient payments to Seasons Hospice:

#### a. Online patient payment portal

- 1) <https://seasonshospice.healthpayment.com/>
- 2) Account number for the deposit payment will be patient last name, patient first name, State, Date
- 3) After the initial deposit, the account number will appear on all subsequent invoice

#### b. Recurring Payment

- 1) Complete the Recurring Payment Authorization Form Credit Card or ACH Debit (2096h)

#### c. Payment by phone

- 1) Contact the National Patient Funding Advocate at 224-458-7405

#### d. Check payment

1) Made payable to Seasons Hospice & Palliative Care and mailed to:  
6400 Shafer Court Suite 700  
Atten: Carrie Bill  
Rosemont, IL 60018

2. If the patient or guarantor is unable to make the required deposit for either hospice services or room and board services, the patient or guarantor must complete a Confidential Application for Financial Assistance (2096c) with the Seasons Hospice Social Worker.