PayZen

Patient Financing | Best in KLAS 2026

Considering PayZen?

For health systems evaluating their patient financing model

NO TIERED INTEREST RATES. AI-PERSONALIZED TERMS. INCENTIVES ALIGNED WITH PERFORMANCE.

Making financing accessible to every patient is the right goal because it helps health systems engage a larger paying population. But how that financing is structured matters. Programs built around tiered interest rates may expand eligibility, but they can also place the highest cost burden on patients who need more time to pay, often the very patients least able to afford it.

PayZen takes a different approach: non-recourse, interest-free, and fee-free for every patient, with no tiered structure. Plan terms are personalized to each patient's actual financial situation using six years of provider, insurance, and outcome data, not a rate ladder. Native integration with Epic, Cedar, Flywire, RevSpring, and other billing systems drives enrollment at the financial counseling moment. Because PayZen's revenue is tied to successful plan completion, our incentives stay aligned with providers and patients.

BEST IN KLAS PATIENT FINANCING SERVICES 2026

Ranked #1 by healthcare organizations nationwide

"We had our doubts early on, especially with so many patient financing options charging fees or underdelivering. But PayZen earned our trust with the Care Card. They provided real value, respected our existing programs, and they were material in helping us reduce bad debt."

Beth Arter, Corporate Director of Patient Access, Cape Fear Valley Health

CAPE FEAR VALLEY HEALTH

PayZen Results

~30%	Average collections lift vs. pre-PayZen baseline
~30%	Reduction in bad debt vs. baseline
78%	Offer acceptance rate
71 NPS	Patient financing score — ~50% above the industry average
100%	Of surveyed customers said they would buy again

Ready to see the difference?

Request a side-by-side comparison or schedule a 20-minute demo.

Questions Worth Exploring

As you evaluate patient financing options, these questions can help you surface what matters most:

1. Are any patients on your current program paying interest, and if so, at what rate and for which plan lengths?
2. How are plan terms determined today, and do they adapt to what individual patients can actually sustain?
3. How is your current vendor's revenue model structured, and where does their financial incentive to perform sit?
4. What percentage of patients who are offered a plan today enroll and complete it?