PayZen

Patient Financing | Best in KLAS 2026

Considering PayZen?

For health systems evaluating their patient financing model

ALIGNED INCENTIVES. REAL-TIME DIGITAL ENROLLMENT. FULL TRANSPARENCY ON ECONOMICS.

Before evaluating any patient financing program, two questions are worth asking: what is the realized recourse rate on a mature vintage, not the headline number, and what happens to the vendor's fee when an account recourses back to you? In programs where vendors retain their full fee even on accounts they return, their economics are not tied to your outcomes.

PayZen is built differently. Our revenue is tied to plan completion, which means our AI is calibrated to match patients with plans they can actually keep, not just enroll in. Enrollment runs natively in Epic, Cedar, FlyWire, RevSpring, and other billing systems in under two minutes with no mailed materials. PayZen supports both recourse and non-recourse structures; non-recourse pre-funding is available for providers who want to eliminate default risk entirely. Nearly every patient is accepted.

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 across our customer base
~30%	reduction in bad debt vs. baseline
78%	offer acceptance rate — patients offered a plan who enroll
<2 MIN	patient enrollment — digital, in-workflow, no mailed enrollment packets
250%	of prior vendor payment volume at University of Kansas Health System

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. What recourse rate did your current vendor quote, and have you compared it against what actually materializes on a fully matured vintage?
2. When an account recourses back to your system, does your vendor retain their fee or return it?
3. How are patients currently being enrolled, and how many are completing the process vs. dropping off?
4. How is your current program integrated with Epic — real-time and embedded, or primarily through mailed outreach?