PayZen

Patient Financing | Best in KLAS 2026

Considering PayZen?

For health systems looking to improve on their current financing program

NATIVE EPIC INTEGRATION. DIGITAL ENROLLMENT. LONGER TERMS. BETTER COMPLETION.

Zero-interest financing is a strong patient-friendly commitment, but the operational model behind it shapes whether patients actually enroll and complete their plans. Phone-based enrollment creates friction at exactly the moment patients are most likely to disengage, and flat-file Epic integration means your team is managing data handoffs rather than working inside a connected workflow.

PayZen enrolls patients natively in Epic, including MyChart and pre-registration, in under two minutes, with no phone call required. Plans extend up to 60 months and are personalized to each patient's financial situation using six years of provider and outcome data. Nearly every patient is accepted, and every account is serviced automatically after enrollment.

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

60 MONTHS	maximum plan term, vs. 36 months with most legacy programs
~30%	average collections lift vs. pre-PayZen baseline
78%	Offer acceptance rate
<2 MIN	patient enrollment — digital, in-workflow, no phone call required
300K+	patients supported across the PayZen platform

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 indicate, and what does the realized rate look like on a fully matured vintage?
2. How are patients currently enrolling, and what happens to those who don't complete the phone process?
3. What is the longest plan term available to your patients today, and what happens to balances that exceed that limit?
4. How is your current program integrated with Epic — flat-file exchange, or embedded in the clinical workflow?