

## **SHERIDAN COUNTY HEALTH COMPLEX Payment Policy**

Una versión en Español de este Programa de Asistencia Financiera y Política de pago está disponible en la Oficina de Negocios bajo petición.

All open accounts at Sheridan County Health Complex (SCHC) are due within 30 days of the time of the first billing. Payment arrangements can be made by contacting the Business Office. Payment arrangements and or installment payments will be allowed under the following provisions.

Account balances can be reduced using equal installment payments based on the following guidelines.

- Balances of \$600.00 or less are to be paid in full within 6 months. (minimum of \$50)
- Balances of \$600.01 - \$1500.00 are to be paid in full within 12 months.
- Balances of \$1500.01 - \$5000.00 and higher are to be paid in full within 18 months.

Payment arrangements must be made within 60 days of the initial billing for services provided by SCHC. The account may be turned over to a servicing agency if no payment is received within 120 days of initial bill. If payment arrangements have been made and two payments in a 12 month period are missed, the account will be turned over to a servicing agency if not brought current within 15 days.

Electronic Funds Transfer (EFT) payments can be established by contacting the Business Office. Minimum payment will be \$50.00 per month. A \$30.00 fee for any returned check or rejected EFT will be assessed to the patient's account and will be subject to collections if no other arrangements are made. **You may receive a separate bill from Hoxie Medical Clinic for those questions please call 785-675-3018.** A drop box has been installed by hospital registration door for both hospital and clinic drop off payments.

If you are uninsured, or if your insurance company will not prior authorize the services you are receiving, 50% of the cost is due at the time services are rendered.

Upon request, a cash discount is available on balance of \$500 or more. It is due before first statement due date. Please call for information (785)675-3281.

### **Financial Assistance Program (FAP)**

If a patient cannot make the payments outlined above, they must contact the Community Resources department at 785-677-4172 and fill out a FAP Application. Upon verification of the patient's income, they may qualify for a reduced bill and discount based on Federal Poverty Guidelines. Payments less than \$50.00 per month will only be accepted if patient has begun the FAP Application process, and must be completed within 60 days.

*Consistent with the federal law, SCHC and HMC do not discriminate on the basis of age, gender, race, ethnic status or ability to pay in the provision of emergency medical conditions or credit services.*