

## GENERAL PAYMENT POLICY

Thank you for choosing Highland District Hospital for your healthcare needs. It is our goal to provide accessible, efficient, quality healthcare in an atmosphere of caring & compassion. The hospital & medical staff of Highland District Hospital are committed to improved capabilities as well as technological advances for our community. In order to do this, we must collect our accounts as promptly & efficiently as possible. Our Business Office works with other hospital departments to gather information needed to process your claim in an accurate and timely manner.

The information detailed here will help you understand your responsibility. We are committed to finding suitable account resolution for all of our patients.

You are responsible to provide the hospital with the necessary information to obtain our goal of timely and accurate claim filing.

### **We ask that you:**

Bring in your insurance card every time you come to the hospital.

Each visit has a new account number & requires your insurance information. We can only bill your insurance if you provide us with up-to-date information. If you are unable to present your insurance card, you may be responsible for all charges.

Inform us if information about you has changed since your last visit, such as address or phone number. Incorrect information can lead to claims being denied by your insurance.

### Government Programs

#### **Medicare -**

Patients must present their Medicare identification card at the time of registration & sign all necessary forms. Medicare patients enrolled in any other healthcare program(s) must present their identification card(s) for proper billing. Patients are expected to pay their deductibles, co-payments & any other noncovered charges at the time of service or upon receipt of a statement indicating patient responsibility. You may be asked to sign a Medicare Advance Beneficiary Notice (ABN) to signify that you have been informed of your payment responsibility if Medicare does not cover the services ordered.

#### **Medicaid -**

Patients must present their Medicaid identification card at the time of each registration and sign all necessary forms.

### Commercial Insurance

If you are covered by commercial insurance, we will bill your insurance carrier provided that you do the following:

- Present proper identification & demographic information
- Assign the benefits to the hospital
- Sign the authorization for release of medical information required for billing

- Agree to pay part or all of the bill in the event the insurance is not required or does not pay. After receipt of payment or if your insurance carrier denies the claim, you will be sent a statement that indicates any amount that you may owe. Payment is expected within 30 days of the statement date.

#### Financial Assistance Programs

Patients with balances due resulting from limited or no insurance coverage may qualify for charity care (HCAP) or our hospital sponsored financial assistance program (FAP). You will be asked to provide financial information in the form of a financial worksheet in order to establish & support the need for one of our programs. You must contact our Business Office and set up an appointment to meet with our Financial Counselor or a Patient Account Representative in order to assist you in completing your application. You may be requested to provide additional documentation in order to support information provided on the financial worksheet and to determine if you are qualified for HCAP or FAP.

[Financial Assistance Policy \(FAP\) \[MS Word Document\]](#)

[Hospital Care Assurance Program \(HCAP\) \[MS Word Document\]](#)

#### Patient Responsible (Self Pay)

For your convenience, Highland District Hospital accepts: cash, check (\$25.00 charge for insufficient funds), debit card, money order, Visa, MasterCard & Discover. A prompt pay discount may be provided if an outstanding self pay balance is paid within 10 days. Interest free payment arrangements are available with a minimum payment amount of \$25.00 per account required.

#### Other Bills You May Receive

You will receive bills from physicians or other practitioners who treat you in addition to our bill. Depending on the services received, you may receive additional bills from one or all of the following:

MediSpec (Anesthesia) 1-800-824-9576

Chase & Robinson Radiology 1-888-300-3794

Carl Parrott, M.D. Pathology 1-800-288-8325 Ext. 1444

Highland Emergency Physicians 1-800-875-7374 Ext. 2074

#### Questions

If you have questions, need assistance or want to provide additional information please contact us between the hours of 8AM to 4:30PM Monday through Friday at one of the following numbers:

Payment Arrangements - 937-393-6175 or 6193

Financial Assistance - 937-840-6512 or 937-393-6193

General Questions - 937-393-6193

Please be aware that we receive several inquiries a day. If you receive our voice mail please leave your name, your account number, if available, where & when you may be contacted. We will return your call as promptly as possible.

**Thank you** for choosing Highland District Hospital as your health care provider. Our goal is to deliver quality, compassionate and affordable health care to you & your family. We will do all we can to help you understand your hospital bills & assist you as needed.