

Dear Patient:

Thank you for choosing Hillsboro Area Hospital for your health care needs.

Hillsboro Area Hospital will partner with our community to continue to be recognized as the leading provider of high quality, affordable and personalized healthcare and wellness services. Therefore, we have an obligation to collect for services in a timely and efficient manner.

### **BEGINNING MARCH 1, 2012**

At registration, paying your self-pay portions including deductibles and /or copays will be requested. For your convenience we accept cash, check, Visa, Mastercard, Discover credit/debit cards. By discussing this information with patients at registration, worry and anxiety related to their hospital bill is reduced. Please feel free to contact our Financial Counselor at 217-532-4204 or the Billing Department at 217-532-4203 with any questions you may have.

### **PHYSICIAN & ANESTHESIA SERVICES**

You will receive a separate billing from our physicians, including the Radiologist, consultants as ordered by your physician, and for anesthesia services.

These Healthcare Professionals may not be participating providers in the same

insurance plans and networks as the hospital. This may cause greater financial responsibility to you for these services. Questions regarding benefits should be directed to your Health Plan. If you have questions regarding these separate billings, please contact their offices directly at the number provided on their bill.

### **INSURED PATIENTS**

As a courtesy to you we will bill your Health Plan for services rendered when Proper information is received. Balances due, including "Usual and Customary Allowances", are due upon Receipt of the bill sent to the Patient/Guarantor. In the event your insurance carrier does not release payment within a reasonable time period, we will contact you for payment.

### **AUTO INSURANCE/OTHER LIABILITY**

The Patient/Guarantor will be responsible for payment of any accounts rising out of any Third Party liability. A statement will be sent to the Patient/Guarantor. Payment in full is expected upon receipt.

### **SELF- PAY PATIENTS**

Payment for services is due upon receipt of the bill. For your convenience we accept cash, check, Visa, Mastercard, Discover credit/debit cards.

### **UNINSURED PATIENTS**

Patients who do not have insurance and do not qualify for Medicaid may be eligible for an uninsured discount under certain terms and conditions. To inquire about this service please contact us at 217-532-4204.

### **PAYMENT ARRANGEMENTS**

If you are unable to pay the balance in full, payment arrangements can be made by contacting the Financial Counselor. ***A signed Financial Agreement is required.*** Payments must meet the following guidelines.

- Balances less than \$150 require a \$25 minimum monthly payment.
- Balances between \$150 - \$500 can be paid in 6 monthly installments.
- Balances over \$500 can be paid in 12 monthly installments.

### **FINANCIAL ASSISTANCE**

If you are financially unable to pay this bill, you may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients. To inquire about this service please contact us for resources that may be able to help by calling 217-532-4204 or to obtain an application on line, please visit our website:

[www.hillsborohealth.org](http://www.hillsborohealth.org)