

Patient Payment Policy

1. Responsibility. The patient or his/her guarantor is responsible for all balances due JMHCC for services rendered. For insurance, patients are responsible for any copays, coinsurance and/or deductibles. Please note: JMHCC will comply with the payment terms of only those insurance companies and other third-party payers it has a formal written agreement with. Contact the Business Office to check if your current insurance plan is one in which we accept their payment terms. For those payers that we do not have an agreement, the patient will be responsible for all balances remaining after the insurance company pays.

2. Payment Due. All balances are to be paid in full or an arrangement for payment made within 30-days of receiving the “Initial Billing Statement”.

3. Acceptable Methods of Payment. Payments can be made with cash, check, debit card or credit card. Credit cards accepted are VISA, Mastercard and Discover. You may also make a payment over the phone with your credit card, by calling 701-584-2792. Checks returned “Insufficient Funds” will be assessed a \$25.00 service charge. Payments can be mailed or paid in person at the JMHCC Business Office located in the lower level of the JMHCC facility.

4. Billing Statements. Mailed by the 1st of every month. The “Initial Billing Statement” is mailed to patients with insurance or other third-party payers only after a claim has been submitted and paid. The “Initial Billing Statement” will include the amount that the patient is responsible for payment and the payments made by third-party payers. An expanded detailed print out of the patient bill is available upon request.

5. Insurance Filing. JMHCC will process claims for private insurance, Medicare, Medicaid, Worker’s Compensation, and other third-party claims on the behalf of the patient provided that the patient agrees to have all third-party payments paid directly to JMHCC; and the patient provides accurate and timely information as requested by JMHCC and/or the third-party payer. The patient is responsible for any coinsurance and/or deductibles and/or copays.

6. Payment Plan. If the patient cannot make payment in full within the 30-day period following the “Initial Billing Statement”, the patient is responsible to contact the JMHCC Business Office at 701-584-2792 to make arrangements for payment. JMHCC will prepare and send the patient a “Payment Plan Agreement” which will outline the arrangements agreed to by the patient and JMHCC. The failure of the patient to follow the payment plan may result in an immediate request for payment in full and formal collection proceedings will begin.

7. Collections. The failure of the patient to comply with this payment policy will result in JMHCC taking steps to collect the outstanding balance through one or more of the following: place the patient on a “Patient Non-Payment List”; send the patients account to a collection agency; initiate proceedings in small claims or district court; garnishment of wages; and/or other legal means.

8. Assistance. There are a number of federal and state programs available to patients who do not have insurance or the means to make payment for services. JMHCC may be able to assist the patient to provide a means for patients to acquire assistance through various governmental and other programs. For information contact the JMHCC Business Office at 701-584-2792.

9. Finance Charges. JMHCC is allowed by law to assess a finance charge of up to 12% annually on unpaid balances. JMHCC may assess a finance charge on balances owed 180 days following the initial billing statement to the patient.

10. Charity Care and Sliding Fee Schedules. You may qualify for JMHCC’s Charity Care/Financial Assistance Program which could reduce the amount that you would owe JMHCC. Contact the Business Office for more information and applications.

Please direct any and all questions regarding this policy, insurance, and balances owed to: Business Office, Jacobson Memorial Hospital Care Center, P.O. Box 367, Elgin, ND 58533; Tel: (701) 584-2792.

Thank You