



## OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that you are ultimately responsible for the cost of services received. The following is a statement of our Financial Policy, which we ask that you read.

### REGARDING INSURANCE

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. Each and every insurance plan is different, therefore you need to check the benefits in your insurance booklet or call your insurance company directly. Once the insurance company has made payment to the hospital, you will receive a statement for any balance remaining and this amount will be due upon receipt of statement. Our hospital is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Adult patients are responsible for payment of services. The adult accompanying a minor and the parents or guardians of the minor are responsible for payment of services.

### REGARDING PAYMENTS

Full payment is due upon receipt of an itemized statement or balance due statement.

We accept cash, checks or Visa/MasterCard/Discover credit cards.

We offer a six-month interest free time period to pay off the balance. Upon default of any payment agreement made with the hospital, the accounts(s) will be placed directly with a collection agency.

Stoughton Hospital has established a Community Care Program to provide care to persons who do not have insurance and who are not able to pay the portion of their bill not covered by their insurance.

All uninsured and underinsured patients may apply for a sliding fee scale discount based on the hospital's Community Care Program guidelines.

Please let us know if you have any questions or concerns.