

We appreciate the opportunity to serve you for your healthcare needs, and can provide guidance to you in preparing for payment of services

Patient Financial Services

Monday – Friday
8 a.m. – 4:30 p.m.
& by appointment

419-294-4991

When you dial the hospital's number, the automated attendant will offer you the opportunity to press an extension

Cashier 2249

Medical Mutual, Anthem, Aetna, Humana, United Healthcare, Medicaid & other insurances

for patients whose last names start with

A-L 2294
M-Z 2248

Medicare A & B

for patients whose last names start with

A-L 2289
M-Z 2253

Worker's Compensation 2247

Wyandot Memorial Hospital

is

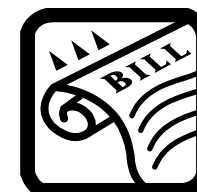
Caring for the Health of Our Community

- Certified by the United States Department of Health and Human Services
- Registered and Licensed by the Ohio Department of Health

885 N. Sandusky Avenue
Upper Sandusky, OH 43351
www.wyandotmemorial.org
419-294-4991



Payment & Credit Guidelines



Caring for the Health of Our Community

After you have received care at Wyandot Memorial Hospital, a bill is generated using the insurance coverage information you provided to the hospital's registration staff.

Insurance

Although the hospital provides all possible billing assistance to you, payment is not guaranteed from insurance. **Please call your insurance company regarding the services you are to receive, and verify their coverage and any possible pre-certification required.**

- You are responsible for any deductibles and co-insurance.
- After your insurance pays its portion of the bill, you will receive a statement the following month for any remaining balance your insurance indicates is your responsibility.
- For any questions you may have relating to the billing of your insurance (including Medicare and Medicaid), contact a billing specialist in Patient Financial Services. Note the type of insurance you have and give your last name so that your call may be directed to the specialist handling your account.

Self-Pay

Statements are generated when your remaining balance is determined to be self-pay. You will be mailed a statement on the fifth business day of the month following your treatment.

Itemized Bill

You may request an itemized bill for services you received by calling a billing specialist at the number noted on this brochure or mailing your request to the hospital at the address noted on this brochure.

Payments

You may mail your payment to the hospital, or make your payment in person.

◆ **Mailed Payments** - Payments received via the mail will be posted to accounts within 24 hours of receipt in Patient Financial Services

◆ **In Person Payments**

Monday – Friday 8 a.m. – 4:30 p.m.

Payments of cash, personal check, money order, Visa, Mastercard, Discover or American Express may be made to the Patient Financial Services cashier

Monday – Friday 4:30 p.m. – 9:00 p.m.

& Weekends

Payments of cash, personal check, money order or credit cards may be made at the hospital's Information Desk

Payment Arrangements

Payment is due within 10 days of receipt of your statement, or payment arrangements can be discussed with the Patient Financial Services representatives by phoning 419-294-4991, extension 2249. *Partial payments are not accepted as an arranged pay plan. Partial payments must be agreed upon by the Patient Financial Services representatives.*

All accounts 90 days past due are forwarded to a collection agency unless the patient or responsible party has contacted the Patient Financial Services representatives and established an approved payment arrangement. *If your account is referred to a collection agency, it could affect your credit rating.*

If you know you may be unable to pay your bill, it is important to talk with the Patient Financial Services representatives as soon as possible after you received services.

Payment Assistance Programs

■ **HCAP** - (Hospital Care Assurance Program)
The State of Ohio provides this program to patients or their responsible parties who are experiencing financial hardships and meet the guidelines established by the state. HCAP considers your household size and income in determining eligibility, and requires an application and income verification. The Patient Financial Services representatives will assist you with this process. Please review the information on the back of your statement to see if you might qualify, and contact the Patient Financial Services representatives for assistance or questions.

■ **Charity program** - The hospital understands extreme circumstances can sometimes occur that prevent patients from paying their bill. Your Patient Financial Services representatives can provide you an application to complete for help. Verifications of income information and expenses must accompany this application.