

Payment Policy



Your Financial Responsibility

Our facility will file insurance claims on your behalf. This service does not release you from any responsibility for the charges on your account. Your insurance contract is between you and your insurance company.

Our facility will allow your insurance company reasonable time to process your claims and remit payment, usually 45 days from our billing date. Please recognize that we have no authority or responsibility with your insurance carrier. Many insurers limit payments to the “usual, customary, and reasonable payment.” We do not accept payment limitations from insurance companies with whom we do not participate or have contractual arrangements.

Co-payment is expected at the time of your visit. Your co-payment amount, along with other necessary insurance/third party payer information, is usually found on your insurance card, so please bring your insurance card with you. Payments may be made by cash, credit card, or check. We accept Visa, Mastercard, and Discover.

Payment Process

Once your insurance has been processed, any remaining balance should be paid in full within 30 days.

If you are unable to pay your bill in full, our minimum payment policy is as follows:

Balance up to \$500.....	\$50/month
Balance of \$500 to \$1,000.....	\$100/month
Balance of \$1,000 to \$2,000.....	\$150/month
Balance of over \$2,000.....	\$200/month

Non-medically necessary elective services require 100% payment prior to the procedure.

If you are unable to meet these guidelines, please contact our Billing Department to make other arrangements.

Uninsured Self-Pay: If you do not have insurance, you will be responsible for full payment of your bill. We offer a Prompt Pay discount of 30% if paid in full within 30 days of agreement for all medically necessary services.

Charity Care Program: If you meet financial requirements, you may be eligible for a complete or partial discount of your financial costs for all medically necessary services. Contact our Billing Department for more information.

Definitions

Co-Payment: This is a fixed amount that you pay the hospital at the time of service. Your co-payment amount is usually listed on your insurance card. This amount is never covered by your insurance company and is not applied to your out-of-pocket co-insurance or deductible amounts. It is the expectation of your insurance company that this amount will be collected by the provider.

Deductible: This is a specific amount you must pay, after your co-payment, before your health insurance will pay any of the amount submitted. There is normally a deductible for each family member insured under your policy, with a maximum family deductible each year.

Co-Insurance: This will take effect after the co-payment has been paid and the deductible has been met. Your insurance will split the amount due, usually 80-20, with you. In an 80-20 split, your insurance pays 80% of the bill and you pay 20%. There is usually an out-of-pocket limit for co-insurance. Once you have reached your out-of-pocket maximum, your insurance will cover 100% of the costs thereafter until your new plan year begins.

Contact Us

SMC Billing Department
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