

## **PAYMENT POLICY**

### **Sakakawea Medical Center, Sakakawea Clinic**

#### **DEFINITIONS**

**Co-Payment:** This is a fixed amount paid by you to your clinic/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 aspect of your insurance 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.

**Uninsured-Self-Pay:** If you do not carry insurance, you will be responsible for full payment of your bill. Sakakawea Medical Center does offer a Prompt Pay discount of 30% if paid in full within 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.

#### **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.

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

If you do not have insurance coverage or have balances due after your insurance has paid, you will be responsible to make appropriate arrangements with our Billing Clerk or Clinic Manager.

## OUR FINANCIAL POLICY

Our payment policy is as follows:

Balance of \$1.00 to \$50-----payment in full  
Balance of \$51 to \$100-----\$50 per month  
Balance of \$101 to \$200-----\$75 per month  
Balance over \$200-----\$100 per month

If you are unable to meet these recommendations, please contact our Billing Clerk or Clinic Manager to complete an Agreement for Payment.

## UNDER INSURED

Sakakawea Medical Center/Sakakawea Clinic also offers a Charity Care Program with a sliding scale payment plan for those that are unable to fulfill their payment obligations and they meet financial qualifications.

Please meet with our Billing Clerk or Clinic Manager to make arrangements for applying for this program.

## UNINSURED

Sakakawea Medical Center offers a Prompt Pay **discount of 30% if payment is made at the time** of service or within 30 days of services for medically necessary services

If necessary, please meet with our Billing Clerk or Clinic Manager to make proper arrangements. **Call 701-748-2225** for more information.

We accept Visa, Master Card and Discover.

## FOR MORE INFORMATION

If you have questions regarding any information contained in this brochure or would like more information, please contact our Business Office at (701) 748-2225.

## OUR MISSION

*Sakakawea Medical Center's mission is to:*

- *provide high quality care that is measured and continuously improved*
- *Provide individualized care that exceeds expectations of those that we serve*
- *Strengthen partnerships with providers to enhance coordination of care and improve system performance*
- *Be a steward of resources*
- *Commit to service excellence*
- *Be a vital contributor to our area community*
- *Recognize the value of each employee and provide opportunities for personal growth and development that complement the needs of the organization.*

## OUR VALUES

*We show care and compassion through:*

**QUALITY**-*We are dedicated to excellence in healthcare for our communities, resulting in uncompromised value and quality in the services we provide.*

**COMPASSION**-*We will positively affect the health and well-being of our communities by providing compassionate care.*

**INTEGRITY**-*We will insist that integrity, honesty, confidentiality, respect and dignity are reflected in all relationships with co-workers and those we serve.*

**TEAMWORK**-*We will work as partners, combining our skills and ideas to continuously improve the quality of the care we provide, in pursuit of our Vision and Mission.*



**Sakakawea Medical Center**  
510 8<sup>th</sup> Ave NE  
Hazen, ND 58545  
701.748.2225

**Sakakawea Clinic**  
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***"Quality Health Care Close to Home"***