

## Memorial Regional Health Billing and Payment Policy

Thank you for choosing Memorial Regional Health for your healthcare needs. It is important that you read and understand this policy.

**Billing your insurance company:** Memorial Regional Health will submit bills to your insurance company when complete information is supplied. Please remember that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your hospital bill. If your insurance company does not pay within 45 days of billing, please contact them to resolve the delay. Secondary insurance is billed after the primary insurance pays. If you were unable to provide complete billing information at the time of your visit, please phone the information to our revenue cycle department within 48 hours. For more information, please call 970-315-7924 or 877-348-4308 (Toll Free).

**Payment Plans:** Memorial Regional Health offers payment plans. Minimum payment plans accepted is the greater of \$50.00 or 10% of patient balances. To setup a payment plan, please contact 970-315-7924 or 877-348-4308 (Toll Free). The maximum time for payment plans is 12 months.

**Co-Pays, Co-Insurance & Deductibles:** Memorial Regional Health expects payment at time services are rendered. Copays, co-insurance, deductibles, and fees for non-covered services are expected at time of service. If you are unable to pay your bill in full, please call 970-315-7924 or 877-348-4308 (Toll Free) to set up a payment plan. For services not mandated under EMTALA, performed in the emergency department, Memorial Regional Health reserves the right to deny services until payment or payment arrangements have been made.

**Quick Pay Discount:** Memorial Regional Health offers a **10%** discount for balances paid in full within 15 days of receiving your first statement.

**Collections:** It is the policy of Memorial Regional Health that after all reasonable attempts have been made to collect from your insurance carrier or from you that accounts will be turned over to collections after 120 days from the date of service. Our collection agency is Credit Service Company, Inc., PO Box 1120, Colorado Springs, CO 80901, 800-467-3766 ext. 1202 (Toll Free).

TCPA Consent & Privacy: Notwithstanding any current or prior election to opt in or opt out of receiving VOLUNTARY EMAIL COMMUNICATION or SMS messages (including text messages) from us, our agents, representatives, affiliates, or anyone calling on our behalf, you expressly consent to be contacted by us, our agents, representatives, affiliates, or anyone calling on our behalf for any and all purposes arising out of or relating to medical payments and/or accounts, at any telephone number, or physical or electronic address you provide or at which you may be reached. You agree we may contact you in any way, including SMS messages (including text messages), calls using prerecorded messages or artificial voice, and calls and messages delivered using auto telephone dialing system or an automatic texting system. Automated messages may be played when the telephone is answered, whether by you or someone else. In the event that an agent or representative calls, he or she may also leave a message on your answering machine, voice mail, or send one via text. You consent to receive SMS messages (including text messages), calls and messages (including prerecorded and artificial voice and autodialed) from us, our agents, representatives, affiliates or anyone calling on our behalf at the specific number(s) you have provided to us, or numbers we can reasonably associate with your account (through skip trace, caller ID capture or other means), with information or questions about your application, loan and/or account. You certify, warrant, and represent that the telephone numbers that you have provided to us are your contact numbers. You represent that you are permitted to receive calls at each of the telephone numbers you have provided to us. You agree to promptly alert us whenever you stop using a particular telephone number. Your cellular or mobile telephone provider will charge you according to the type of plan you carry. You also agree that we may contact you by e-mail, using any email address you have provided to us or that you provide to us in the future. We may listen to and/or record phone calls between you and our representatives without notice to you as permitted by applicable law. For example, we listen to and record calls for quality monitoring purposes.

**Charity Care & Financial Counselling:** Financial assistance is available to all individuals subject to conditions set forth in our charity care and financial assistance policies. Polices, forms and applications can be found: https://memorialregionalhealth.com/resources/billing-financial-assistance/#MRH-Financial-Assistance-Policy

**Services Not Billed by Memorial Regional Health:** Memorial Regional Health does not bill services for certain services that are ancillary to direct services provided by Memorial Regional Health. Those services include, but may not be limited to radiology professional reads, pathology, in-patient hospitalist provider services, and certain surgeons who perform surgery here but do not work for Memorial Regional Health (i.e. orthopedics, dental, eye, etc.). You may receive a bill from these types of organizations for professional services.



PATIENT LABEL HERE

I HAVE RECEIVED A COPY OF THE MEMORIAL REGIONAL HEALTH BILLING AND PAYMENT POLICY AND AGREE TO THE TERMS STATED THEREIN.

Signature of Patient or Patient Representative

Date

If Patient Representative, relation to patient