

# HOSPITAL PAYMENT POLICY

**Effective March 1, 2009**

## **Outpatient Elective Services**

Patients presenting for these services will be responsible on the day of visit to pay either their **insurance co-payment** or the **non-refundable hospital deposit** as set out below if not qualified for 100% Charity. Whenever possible, patients will be pre-advised of their obligations prior to presenting.

### **Important:**

Any co-payment or non-refundable hospital deposit does not constitute payment in full. Final billing for the remainder costs will be mailed to each patient and/or the responsible party for payment. Outpatient Services may be postponed if the payment requirements cannot be met and are not identified as a stat order.

Unscheduled Ancillary Services:	\$15 per service
Scheduled Recurring Services:	\$15 per service
Pre-Surgery Ancillary Services:	No Deposit Required

### Scheduled Ancillary Services:

Cardio / EKG	\$25
Cardio / Echo	\$150
Cardio / Stress	\$100
Radiology / CT's	\$100
Radiology / Ultrasounds	\$40
Radiology / MRI's	\$450
Radiology / Mammograms	\$30

### Surgery (as determined by your physician):

Intensive	\$240	and Anesthesiologist	\$300
Moderate	\$120	and Anesthesiologist	\$200
Low	\$100	and Anesthesiologist	\$100
Very Low	\$75		

### Specialty Services:

New Vision Program	\$2,500
Cosmetic Procedures	7% of Est Gross Charges

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## **Emergency Department Services**

Services will be provided prior to request for payment. After services have been provided, patients will be responsible for payment of either their **insurance co-payment** or the **non-refundable hospital deposit** as set out below if not qualified for 100% Charity.

Emergency Room Non-Refundable Hospital Deposit: \$100 per visit

