

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) 324-4651.

Mission Statement:

St. Aloisius Medical Center,
inspired by Jesus,
in union with the Sisters of Mary
of the Presentation,
ministers health to all we serve.

Values:

Hope – Creating an atmosphere of
trust and confidence.
Healing – Caring for body, mind
and spirit.
Hospitality – Welcoming, in a
Christ-like way.

Employment Opportunities Available

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington D.C. 20250-9410, or call (800) 795-3272 or (202) 720-6382 (TDD).



**St. Aloisius
Medical Center**

SMP Health System

325 Brewster St. E, Harvey, ND 58341
701 324-4651



**St. Aloisius
Medical Center**

SMP Health System

**Co-Payment &
Collection Policies**



701 324-4651
www.stalouisus.com

DEFINITIONS

Co-Payment: This is a fixed amount paid by you to your 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. 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.

Coinsurance: 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 coinsurance. Once you have reached your out-of-pocket maximum, your insurance will cover 100% of the costs thereafter until your new plan year begins.

Self-pay: If you do not carry insurance, you will be responsible for full payment of your bill. See Self Pay Guidelines chart for further details.

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 payment amount, along with other necessary insurance/third party payor information, is usually found on your insurance card. ***Please bring your insurance card with you.*** Payment may be made by cash, credit card or check. We accept all major credit cards.

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 Revenue Cycle Manager.

OUR FINANCIAL POLICY

As part of our mission, St. Aloisius Medical Center provides care to all patients regardless of ability to pay. Financial assistance/Caring Program may be available on a case-by-case basis, after submission of all requested information to the Revenue Cycle Manager. Financial assistance will only be considered and granted after all other payment options have been exhausted.

Applications for the Caring Program are available upon request or at www.stalouisus.com.

SELF PAY GUIDELINES

<u>Balance</u>	<u>Minimum Monthly Payment</u>
\$0—\$800	\$50
\$801—\$1,500	\$100
\$1501—\$2500	\$125
over \$2500	\$150

**IT IS YOUR RESPONSIBILITY
TO MAKE ARRANGEMENTS
TO MEET WITH OUR
PATIENT FINANCIAL
SERVICE REPRESENTATIVE**