

# Patient Experience

- Engagement Options
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- Login/ Landing Page
- Bill Page
- Payment page

# Patient Experience: Engagement Options

Patients can make payments, activate a payment plan, and manage their accounts in a variety of ways:

## Offline

- Mailing a check with a remittance stub
- Calling or in person with staff

## Online

- Pay their balance or activate a payment plan






# Patient Experience - Paper Statement Page 1 (Back Side)

Financial Assistance  
Information

Page 2 of 4

 **SCHOOLCRAFT**  
MEMORIAL HOSPITAL

7570W US Highway 2, Manistique MI 49654

**Guarantor Number** 123456  
**Guarantor Name** John Doe  
**Statement Date** 10/10/2022

**BILLING POLICIES**  
Thank you for choosing Schoolcraft Memorial Hospital and Rural Health Clinic for your health care services. We want to help you understand our billing process and encourage you to contact us with questions or concerns you have regarding your account. You will receive monthly statements for services that are patient responsibility. Payments will be posted to the oldest account balances.

**INSURANCE CLAIMS**  
As a courtesy, Schoolcraft Memorial Hospital and Rural Health Clinic will file claims directly to your insurance company for you. Please be sure to present your current insurance card at each appointment to ensure we have accurate claim filing information on your account. It is your responsibility to verify your benefits, provider and/or facility network coverage. Copays are due at the time of service. You are responsible for any balance not paid by your insurance and should resolve any coverage or benefit issues directly with your insurance company.

**FINANCIAL RESPONSIBILITY**  
Balances not paid by insurance are due within 30 days of the statement date. You are ultimately responsible for all balances due on your account. There will be a charge for payments that are returned for reasons including insufficient funds. If you are unable to make payment in full, please contact our Financial Counselor at (906) 341-3230 as soon as you receive this statement to set up an approved payment arrangement. Payments made on your account will not automatically set up a payment arrangement.

**FINANCIAL ASSISTANCE PROGRAM**  
Schoolcraft Memorial Hospital and Rural Health Clinic understands there are times when our patients cannot pay for the services provided. If you need help paying for medical services, you may be eligible for Financial Assistance from Schoolcraft Memorial Hospital and Rural Health Clinic. Please contact our Financial Counselor at (906) 341-3230.

**PHYSICIAN BILLING INFORMATION**  
You may receive additional bills from physicians who helped with your care while you were a patient at Schoolcraft Memorial Hospital. Should you have any questions concerning their bill, please contact them directly. To assist you, we have listed the most requested telephone numbers: Upper Peninsula Imaging - (906) 225-3964, UP Health Systems - (906) 449-3000

Thank you for choosing Schoolcraft Memorial Hospital for your health care needs.

Update Address/ Insurance

### Change of Address or Health Insurance Information

**Change of Address**

Name (Last, First, Middle Initial)		Address	
City	State	Zip	Telephone

**Insurance Updates**

Insurance Type: (Check one)  Primary  Secondary

Primary Policy Holder Name

Primary Insurance Name Effective Date


Primary Insurance Street Address

City State Zip Telephone

Employer Name Group Number

Subscriber ID # Policy Holder's Date of Birth

**Pay Online Today**  
scmh.org/PayMyBill



# Patient Experience - Paper Statement Page 2 (Front)



7870W US Highway 2, Manistique MI 49854

**Guarantor Number** 123456  
**Guarantor Name** John Doe  
**Statement Date** 10/10/2022

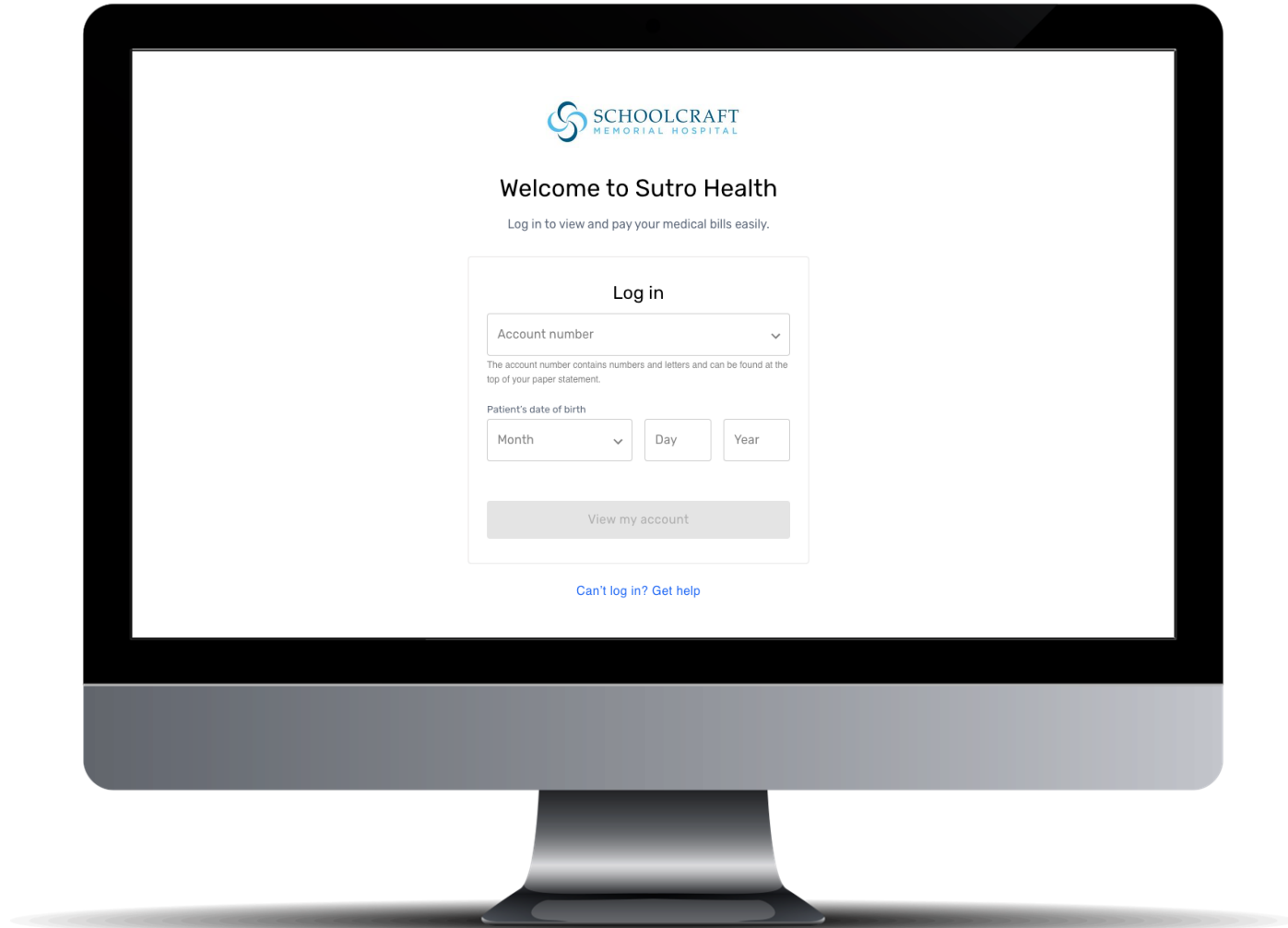
Guarantor Information

Accounts Not On Pay Plan


Description	Charges	Insurance Pmt/Adj	Patient Pmt/Adj	Patient Responsibility
<b>Hospital and Clinic Services</b>				
Visit: 123453	Patient Name: John Doe		Location: Schoolcraft Memorial Hospital	
	Provider: Jane Smith			
9/15/22	IMMUNIZATION	\$2000		
	Insurance Payments and Adjustments		-\$800	
	Patient Payment		-\$200	
	<b>Account Subtotals</b>	<b>\$2000</b>	<b>-\$800</b>	<b>-\$200</b>
				<b>\$1000</b>
Visit: 123454	Patient Name: John Doe		Location: Schoolcraft Rural Health Clinic	
	Provider: John Smith			
9/17/22	IMMUNIZATION	\$2000		
	Insurance		-\$800	
	Patient Payment		-\$200	
	<b>Account Subtotals</b>	<b>\$3000</b>	<b>-\$800</b>	<b>-\$200</b>
				<b>\$2000</b>
	<b>Account (Pay Plan) Totals</b>	<b>\$5000</b>	<b>-\$1600</b>	<b>-\$400</b>
				<b>\$3000</b>

Visit Details

# Patient Experience - Landing Page





# Patient Experience - Bill Page

 **You have a new visit**  
Your balance of **\$1,200.00** is due on **October 19th**. [View bill details](#)

How would you like to pay today?

Pay over time

**\$137.28**/mo **9 months**

Total	Monthly service fee	Payment date
<b>\$1,235.55</b>	<b>\$3.95</b> 	<u>1st</u> 

[Setup plan](#)

[More payment options](#)


Pay now

**\$1,140.00** SAVE \$60.00 (5%) **Pay in full**

\$  **Pay other amount**



# Patient Experience - Payments Page

 Help | Logout

How would you like to pay today?

Pay over time


**\$137.28** /mo 9 months

**\$103.95** /mo 12 months

[More payment options](#)


Pay now

**\$1,140.00** SAVE \$60.00 (5%) Pay in full


Payment date  
09/19/2021 

[Continue to payment](#)





\$



Payment information

**Saved credit card**  Ends in 4141 Exp: 09/2020

[Continue to confirmation](#)

Credit card    

Checking/Savings account Pay with your bank accounts

Payment summary

Payment amount	<b>\$1,140.00</b>
Payment date	<b>09/19/2021</b>
Account balance	<b>\$1,200.00</b>