

2023 RHC Sliding Scale Guidelines

Household of 1	Household of 2	Household of 3	Household of 4	Household of 5	Household of 6	Household of 7	Household of 8	Each Additional Person	Poverty Level	Patient Payment Responsibility
\$14,580	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280	\$45,420	\$50,560	\$5,140	100%	\$10 Fee
\$18,225	\$24,650	\$31,075	\$37,500	\$43,925	\$50,350	\$56,775	\$63,200	\$6,425	125%	20%
\$21,870	\$29,580	\$37,290	\$45,000	\$52,710	\$60,420	\$68,130	\$75,840	\$7,710	150%	40%
\$25,515	\$34,510	\$43,505	\$52,500	\$61,495	\$70,490	\$79,485	\$88,480	\$8,995	175%	60%
\$29,160	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840	\$101,120	\$10,280	200%	80%
\$29,161+	\$39,441+	\$49,721+	\$60,001+	\$70,281+	\$80,561+	\$90,841+	\$101,121+	\$10,281+	>200%	100%

Revised 01/26/2023

For patients unable to pay the balance due upon receipt, interest-free payment plans may be extended. Arrangements for such payment plans must be made with Schoolcraft Memorial Hospital Patient Financial Services (PFS) by calling or self-service on the Schoolcraft Memorial website at SCMH.ORG. If the patient or patient guarantor fails to comply with payment arrangements, the account may be referred to an outside collection agency.

If a Schoolcraft Memorial patient or patient guarantor with an existing payment plan subsequently receives services at Schoolcraft Memorial Hospital and incurs additional self-pay balances, the patient or patient's guarantor's current payment plan may be revised to account for the additional charges.

Payment plans are available to patients or their guarantors who qualify for less than 100% Financial Assistance but are unable to pay the balance in full. These payment plans will be subject to the same rules applicable to patients or guarantors who do not qualify for any financial assistance.



Scan code to
view and pay
bills here.



7870W US Highway 2 · Manistique, MI 49854

Patient Financial Services

906-341-3230 or 888-460-8724 Ext. 3230

www.SCMH.org



PATIENT FINANCIAL ASSISTANCE POLICY



It is the policy of Schoolcraft Memorial Hospital (SMH) to provide medically necessary services to all patients regardless of ability to pay. The goal of the Business Office is to help all patients understand their medical bills and work with patients to set up the most fair and equitable payment plan for both the hospital and the patient. SMH does not charge interest on any outstanding balances. For your convenience SMH accepts payments via Visa, Mastercard, Discover, and American Express. Payments can be made on our website at www.scmh.org

RURAL HEALTH CLINIC SLIDING FEE SCALE

Schoolcraft Memorial Hospital Rural Health Clinic provides a sliding-fee discount for uninsured or underinsured patients. Program eligibility is determined by income and household size. Schoolcraft Memorial Hospital will not discriminate based on age, gender, race, sexual orientation, religion (creed), disability, or national origin. The sliding-fee scale discount is calculated on your annual income and the number of individuals living in your household using the *Department of Health and Human Services Federal Poverty Guidelines* which are revised each year. Applications for this program are available upon request.

COMMUNITY CARE

The Community Care Program is designed to help financially indigent patients by offering discounted care. Below are the requirements for this program:

100% DISCOUNT

1. Patients total household income must not exceed 200% of the National Federal Poverty Guidelines.
2. Patients must fill out and return a Community Care Application and submit all required documentation.

Once approved, the patient will be covered for six months. Procedures that are considered not medically necessary, experimental, or cosmetic by the government or third-party payers are not eligible for Community Care discounts. Cardiac Rehab Phase III services are deemed an exception to this exclusion. Applications for this program are available upon request.

MEDICALLY INDIGENT

Patient's will be considered medically indigent by SMH if the private pay portion of their medical bill exceeds 20% of their annual household income due to catastrophic costs or conditions for medically necessary or emergency services. SMH will reduce their medical bill to equal 10% of their annual household income.

Patients will need to provide the following documentation to the Patient Financial Counselor to be considered for eligibility:

1. A copy of their most recent federal income tax return.
2. A signed Affirmation of Financial Disclosure form presented to them during financial counseling.

UNINSURED HOSPITAL DISCOUNTS

SMH will provide any uninsured patient an "uninsured discount" for medically necessary or emergency services.

Patients will be advised on their first statement to contact Patient Financial Services to set up a payment plan for the remaining balance.

ELECTIVE PROCEDURES

Patients will be required to meet with Patient Financial Services prior to all elective, non-covered services. The financial counselor will give the patient an estimated cost of the service and a 25% down payment will be required at that time. In addition, patients will be required to set up a payment plan with the counselor to pay for the remaining balance.

ACTIONS FOR UNPAID ACCOUNTS

SMH will work with patients to set up payment plans for the patient portion of their medical bill. Hospital statements are sent out on a monthly cycle. If a patient makes no payments after five statements, the account will be placed with a collection agency. SMH will make every effort throughout this process to contact the patient.

