

## 2026 SLIDING FEE SCALE

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	Patient Payment Responsibility
\$15,960	\$21,640	\$27,320	\$33,000	\$38,680	\$44,360	\$50,040	\$55,720	\$5,680	Fully Indigent
\$22,024	\$29,863	\$37,701	\$45,540	\$53,378	\$61,216	\$69,055	\$76,893	\$7,839	\$10,000 Nominal Fee
\$27,930	\$37,870	\$47,810	\$57,750	\$67,690	\$77,630	\$87,570	\$97,510	\$9,940	20%
\$29,526	\$40,034	\$50,542	\$61,050	\$71,558	\$82,066	\$92,574	\$103,082	\$10,508	40%
\$31,920	\$43,280	\$54,640	\$66,000	\$77,360	\$88,720	\$100,080	\$111,440	\$11,360	80%
\$47,880	\$64,920	\$81,960	\$99,000	\$116,040	\$133,080	\$150,120	\$167,160	\$ 17,040	90%
\$51,870+	\$70,330+	\$88,790+	\$107,250+	\$125,710+	\$144,170+	\$162,630+	\$181,090+	\$18,460+	100% <small>(No Discount)</small>

Revised 01/28/2026

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 Hospital website at SCMH.ORG, via text, email, or SMH statement. 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 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 patient or the 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

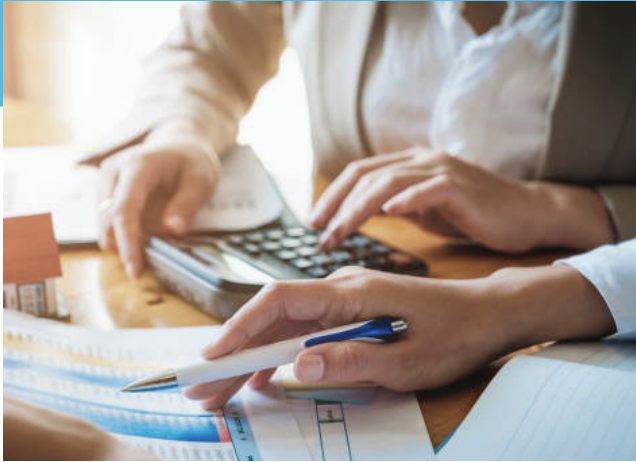
Patient Financial Services

906-341-3230 or 888-460-8724

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 plans for both the patient and the hospital. 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](http://www.scmh.org)

### **SCHOOLCRAFT MEMORIAL HOSPITAL SLIDING FEE SCALE**

Schoolcraft Memorial Hospital provides a sliding fee discount for uninsured or underinsured patients. Program eligibility is determined by income and household size.

The sliding fee scale program is designed to provide discounted care to reduce/eliminate financial barriers for those who have no means, or limited means, to pay for their medical services. Patients are entitled to financial counseling by the Patient Financial Services Representative who serves as a patient advocate.

Schoolcraft Memorial Hospital will offer a sliding fee discount program to all who are unable to pay for healthcare services provided by SMH. SMH will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin.

Below are the requirements for this program:

1. Patient's total household income must not exceed 300% of the Federal Guidelines.
2. Patients must fill out and return the Sliding Fee Scale application and submit all required documentation.

### **MEDICALLY INDIGENT**

"Medically Indigent" means persons whom the hospital has determined are unable to pay some or all of their medical bills because their medical bills exceed a certain percentage of their family or household income or assets (for example, due to catastrophic costs or conditions), even though they have income or assets that otherwise exceed the generally applicable eligibility requirements for free or discounted care under the organization's Financial Assistance Policy.

### **UNINSURED HOSPITAL DISCOUNT**

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.

### **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 fails to make any payments or pays less than the agreed amount after six statements, the account will be referred to a collection agency. SMH will make every effort throughout this process to contact the patient.

