

■ No Insurance or Not-fully Covered

If you are not covered by hospital insurance or you have insurance that covers only part of your hospital bill, you can make arrangements with your financial counselor to use our payment plan as described below:

Account balance:	Your monthly payment:
\$100 or less	\$ 25
\$101-300	\$ 75
\$301-500	\$125
\$501-700	\$175
\$801-1,000	\$275
\$1,000 and over	\$375

If the amount owed is more than \$1,000, you will need to contact your financial advisor to make payment arrangements. Missed or late payments will require payment in full and will void any prior contact arrangements.

■ Criteria for Charity Care

Our hospital assumes its share of responsibility in meeting the needs of medically indigent patients - those with no or not enough financial resources to pay for needed care. Charity care is only available after other financial resources have been used. This includes applying for state Medicaid funds. Charity care will be granted regardless of race, color, sex, religion, age, marital status, national origin or the presence of any sensory, medical or physical handicap, provided the patient meets the eligibility criteria. Please contact your financial counselor for an application.

■ Delinquent (past due) Accounts

Patients' accounts become delinquent 30 days after billing or insurance denial. Patients will receive a Final Notice requiring the account be brought current within ten (10) days or paid in full. If the delinquency is not corrected within the ten (10) day period, the account will be considered for referral to an outside agency for collection.



Your Business Office Care Team

We are here to assist you!

Thank you for choosing
Lake Chelan Community Hospital
for your healthcare needs.

Please let us know how we can assist you in making the billing process as easy as possible. We are here to answer your questions and help you throughout the payment process.

Contact a hospital financial counselor at **(509) 682-3300, ext. 6361.**

Your Billing Statement

Lake Chelan Community Hospital will bill for inpatient and outpatient services.

Services billed separately

If you receive any of the services listed below, that provider will bill you separately; the charge will not be included on your hospital bill:

- Surgeon, depending on provider
- Primary Care Physician
- Consultant
- Pathologist

Patient Account Information



Healthcare Close to Home

**Lake Chelan
Community Hospital**

PO Box 908
Chelan, WA 98816

(509) 682-3300

www.lakechelanhospital.com



Patient Billing Information

Thank you for choosing Lake Chelan Community Hospital (LCCH) for your healthcare needs.

Please take a few minutes to review the billing policies of the hospital.

We recognize that billing and insurance forms are sometimes difficult to understand. That is why our hospital financial counselors in the business office are available to personally assist you.

If you have any questions or need help with your bill or forms, please call an LCCH financial counselor at: **(509) 682-3300, ext. 6361.**

■ Prior Authorization for Treatment

For payment purposes, many insurance companies require you to get their approval before your treatment begins. If your insurance company does require preauthorization, please obtain written approval before admission. If you are unsure about your need for authorization, please ask your insurance company.

■ Type of Patients & Billing Arrangements INPATIENT

An inpatient is a patient who is hospitalized at Lake Chelan Community Hospital.

Insured Patients

We can process the papers that are necessary to submit your insurance claim. As you know, your policy is a contract between you and your insurance company. The hospital has no control over provisions, exclusions, coverage or benefits. We do everything to process your claim, but please remember that you are responsible for your account. After the billing has been submitted, your insurance company has 30 days to provide payment for services.

Uninsured patients

If you do not have insurance, payment of your bill will be due upon discharge, unless other arrangements have been made with your financial advisor.

OUTPATIENT

A patient who uses services of LCCH but is not hospitalized is called an outpatient. If you receive services as an outpatient, we ask for payment at the time of service, unless other arrangements have been made with your financial counselor.

■ Types of Admissions to the Hospital Pre-Admission

A financial counselor will contact you to “pre-admit” you whenever possible, completing a pre-admittance form with you.

Pre-admission will:

- Decrease the normal admission time when you enter the hospital
- Allow a financial advisor to evaluate your financial needs in the event you do not have coverage

Elective Admissions

If your insurance does not cover your bill, or only covers part of the bill, we will need an advance deposit of one half of the balance due. This deposit needs to be made before 4 PM the day prior to admission.

Emergency Admissions

Lake Chelan Community Hospital will provide emergency treatment to all patients, regardless of their ability to pay. If you are claiming no insurance or less than total coverage, you will need to meet with your financial counselor prior to discharge to find other methods of payment.



■ Types of Coverage for Inpatients & Outpatients

Please identify your type of coverage and provide your financial counselor with the information listed. We will send your hospital bill to the company or agency that provides your coverage. You will be responsible for any portion of the bill that is not covered by your insurance.

DSHS State of Washington

Present your coupon the day of your visit for the month you receive services. Bring all insurance information, even if you have coupons.

Medicare Benefits

Present Medicare card when you register at the hospital. Medicare requires you pay a portion of the bill. Bring all other insurance information.

Preferred Provider Insurance Contract

Bring your insurance ID card to the hospital.

CHAMPUS

Present your current CHAMPUS card.

Worker's Compensation

Bring your claim form from your employer, which will include:

1. Employer's name
2. Employer's address
3. Worker's Compensation Carrier Address
4. Worker's Compensation Claim Number

Indian Health Service

For inpatient services or services over \$2,000, you are required to apply for Public Assistance to cover your bill. If you qualify for public assistance, the Indian Health Service may pay the deductible (balance due). You can get applications at the hospital, and your financial counselor can help you fill out the forms.

Other insurances requiring YOU submit claim

We will mail you a detailed list of the services you received from LCCH upon request. Send this information with the claim you submit to your insurance company. We allow 30 days after billing for your insurance company to provide payment for services to the hospital.