



Financial Terms & Conditions

Thank you for choosing the providers at Sublette County Hospital District (SCHD) for your Health care needs. We are committed to ensure that every aspect of the services you receive here, including your billing, are pleasant and handled in a prompt, friendly and knowledgeable way. If you have any comments, questions or concerns regarding your services, please don't hesitate to let our staff know your thoughts and suggestions.

Insurance Information

We are in contract with several insurance companies. Please ask the receptionist if your insurance is contracted with our facility. For your courtesy, we file claims to most all insurance companies once. However, it is your obligation to follow-up on claim submission and address all denials with your insurance company on claims that have been transferred to your responsibility. We are always happy to assist you, but ultimately any disputes between you and your insurance company are your responsibility.

No-Show Appointments

In order to ensure that appointments are available to all of our patients and patient wait times are not delayed, we require our patients to give ample notice if you're unable to arrive for your scheduled appointment. If sufficient prior notice is not given, Sublette County Hospital District reserves the right to assess a \$25.00 no-show fee to your account.

Payment is expected in full at the time of service

Sublette County Hospital District understands there are times in which payment arrangements need to be made. However, any account with an unpaid balance over 90 days old may be assessed an interest charge up to an 18% APR.

Failure to Make Payment

Failure to make payment will cause your account to be placed in an internal collection process. If payments continue to not be made on a regular basis, your account will be turned over to an outside collection agency. Delinquency fee(s) will be added if it is necessary to forward your account to an outside collection agency.

Message Permissions

I give permission to this office, its service providers, collection agencies, successors and assigns to: 1) dial (including auto dialed calls) any phone number (including cell phones) provided by or otherwise owned by me or my spouse. 2) leave a message (including automated messages) on the voicemail of any phone number (including automated messages) on the voicemail of any phone number (including cell phones) provided by or otherwise owned by me or my spouse which may include the name of the company dialing the call. 3) Communicate with me by email at any email address provided by me or my spouse regarding services provided and my financial obligations regarding those services.

Financial Assistance

We would be happy to work with anyone in financial difficulty by setting up a payment plan or assisting in applying for our internal Financial Aid program. Please ask any staff member regarding needed help or information.

Additional Charges

Checks that are returned to us by your bank as non-payment may be assessed an additional fee of \$25.00.

Ownership Disclosure

Sublette County Hospital District has ownership interest in onsite laboratory & radiology services. Our providers may refer you to receive these services onsite. Please inform your treating provider if you prefer to receive care or testing at a different location such as Cheyenne Laboratory, Sweetwater or Jackson hospital.

Assignment

I hereby assign my insurance benefits to be paid directly to Sublette County Hospital District.

X **Signature:** _____ **Date:** _____

Printed Name: _____

For Office Personnel:

Witnessed By: _____ Date: _____

Patient refused to Sign this document