



Banner Health

Platte County

Memorial Hospital and Nursing Home

# About Your Hospital Bill

**Platte County Memorial Hospital** understands that often the need to use hospital services comes unexpectedly and it is not always possible to pay your bill at the time care is provided. As a courtesy to our patients, PMCH bills all insurances and offers payment options for unmet balances.

Following is a description of our billing procedure:

When you register at the hospital, our admitting personnel will ask you for information regarding your medical insurance. Your insurance will be billed for the services provided. We will work directly with your insurance carrier, however, you may be asked to contact them, if we are having difficulty collecting.

Our payment arrangements are as follows:

1. Prompt Pay Discount
2. Installment Arrangements
3. Financial Assistance
  - A. for Insured Patients
  - B. for Uninsured Patients

In order to assist you with your balances, we can help you arrange a suitable payment option. If you are in need of assistance, please contact one of our financial counselors to schedule an appointment.

**Last name A- E call Linda 322-6409 x241**  
**Last name F-K call Karen 322-6409 x215**  
**Last name L-R call Cheryl 322-6409 x216**  
**Last name S-Z call Barrie 322-6409 x218**

**Or you may call 307-322-6409 extension 261 and anyone in Patient Financial Services can assist you.**

If you are experiencing financial hardship, you may qualify for assistance. A completed financial application is required to apply for our financial assistance programs. Please contact the Patient Account Department for more information on these programs.

PMCH accepts payments by cash, check, or credit cards:

- Master Card
- Visa

Our Patient Accounts Department is available to assist you Monday through Friday between the hours of 8:00am and 4:30pm. If there is anything you do not understand about your bill, please do not hesitate to call. We can be reached by calling: **(800)-239-2835**

*Thank you for trusting your care to Platte County Memorial Hospital!*

**DONT FORGET ABOUT THE BENEFITS OF PRE-REGISTRATION. PLEASE GIVE US A CALL. 322-6409 ext. 261.**



## Checklist for Eligibility

(more information may be requested)

- ✓ State of Colorado drivers license or state identification card
- ✓ Proof of Immigration status
- ✓ Copy of last month's paycheck stubs
- ✓ Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) award letter
- ✓ Payments from pension plans
- ✓ Payments from Aid to the Needy and Disabled (AND) or Old Age Pension (OAP)
- ✓ A copy of your Medicare or health insurance card
- ✓ Vehicle value for all of your vehicle(s)
- ✓ Other income sources
- ✓ Non-CICP medical/pharmacy/dental expenses
- ✓ Income tax forms
- ✓ Last 3 months bank statements - checking, savings, 401K's, etc

"Reform Act for the Provision of Health Care for the Medically Indigent" Section 26-15-101, C.R.S. in 1983

For more information please call 970-521-3225.

### APPEALS

You have the right to appeal your rating within 15 days of the date of your first rating. Your appeal must be received in *writing* and delivered to the provider where you applied. The appeal should be addressed to the Manager of the CICP Eligibility Section at the provider's address.

To obtain an application or more information, contact your local hospital or clinic Admissions Office.

A list of participating providers can be found at the Department of Health Care Policy & Financing's web site at

<http://www.chcpf.state.co.us> and click on "Medically Indigent/ Colorado Indigent Care Program (CICP)."

## Colorado Indigent Care Program

Colorado Department of Health Care Policy & Financing

REV. January 2002



**Marque la lista para elegibilidad**  
(podría requerirse mayor información)

- ✓ **Licencia de manejo del Estado de Colorado o tarjeta de identificación estatal**
- ✓ **Prueba de estatus de inmigración.**
- ✓ **Copias de los comprobantes de cheques por pagos recibidos durante los 3 últimos meses**
- ✓ **Seguro de Deshabilidad del Seguro Social o carta de otorgamiento del Seguro Suplementario de Ingreso**
- ✓ **Pagos de planes de jubilación**
- ✓ **Pagos de Ayuda al Necesitado y Deshabilitado (AND) o de Pensión por Edad Avanzada (Old Age Pension-OAP)**
- ✓ **Una copia de su tarjeta Medicare o seguro de salud**
- ✓ **Valor de su vehículo o vehículos**
- ✓ **Otras fuentes de ingreso**
- ✓ **Gastos médicos/farmacéuticos/dentales no asociados al CACP.**



*Para obtener una solicitud o mayor información, póngase en contacto con la Oficina de Admisiones de la clínica u hospital de su localidad.*



**PROGRAMA DE  
ATENCIÓN A LA  
SALUD DEL  
INDIGENTE  
DE COLORADO**

*Departamento de Atención  
a la Salud, Políticas  
y Financiamiento  
de Colorado  
1575 Sherman Street  
Denver, CO 80203*