DOCTORS' MEMORIAL HOSPITAL

A TALLAHASSEE MEMORIAL HEALTHCARE AFFILIATE

066.502

Doctors' Memorial Hospital Financial Policy Summary

Health Insurance Billing

- It is your responsibility to provide us with accurate insurance information.
- It is also your responsibility to resolve disputes with your insurance plan regarding coordination of benefits, deductibles, co-pay and co-insurance amounts.
- If you provide incomplete, inaccurate or untimely insurance information, the guarantor will be responsible for the account balance.
- Insurance benefits will be verified and an *estimate* given at the time of service or, by request. Additional charges not anticipated at the time of service are still your responsibility.

Financial Policy

- We collect deductibles, co-insurance and co-pay amounts at the time of scheduling or registration. If you cannot pay your patient responsible portion, you may be asked to re-schedule until payment can be made for non-emergent services. **We provide a 60% uninsured discount.**
- We accept the following sources of payment: VISA, Master-card, Discover, American Express, personal check and cash.
- If you are unable to make payment in full, DMH may consider entering into a payment plan with you. This process is not automatic and if you would like to request a payment plan, you must call the patient accounting department or inquire at the time of registration. Patient accounting can be reached at 850-584-0660 or 850-584-0863
- If payment arrangements are made and you default, you may be referred to an outside agency for collection.

General Payment Plan Terms

BALANCE	TERMS	Approval Level
Under $ 500	Up to 3 months	Front Line Staff
$ 500-$1000	Up to 6 months	Front Line Staff
$1000 - $5000	Up to 12 months	Patient Financial Services
$5000 +	Up to 18 – 24 months	Manager / Director Approval

Patient or Guarantor Signature _____

Date _____

Review Date 6.2021
Revised Date 10.28.2026