

### **Do I have to pay my co-payment at the time of registration?**

Yes. You are expected to pay your estimated co-payment when you register. For your convenience, MCMC accepts personal check, MasterCard, VISA, Discover, American Express.

### **Should I bring my insurance card with me to my appointments?**

Yes. The information on your insurance card is needed for Murray County Medical Center to file a claim with your insurance company or companies. When you register, we may ask you for information and have you sign a few forms for which you will need to refer to your insurance information to do so.

### **How do I find out if my insurance company will cover my hospital stay? Do I need to let them know I'll be in the hospital?**

Insurance policies vary. Contact your insurance company or your employer with your specific questions regarding coverage.

### **How will I know if my insurance company has paid my bill and when do I become responsible for my bill?**

After your insurance company has paid their portion of your bill we will send you a statement. This statement indicates what amount insurance covers and any balance you are to pay. This is your bill.

**MCMC Business Office:**  
507-836-1261

**MN Department of Human Services:**  
1-800-657-3672

**MN Attorney General Office:**  
1-800-657-3787

**Southwest Health & Human Services**  
1-507-836-6144

**Prescription Assistance-**  
RxConnect information via Senior LinkAge:  
1-800-333-2433

**Senior LinkAge Line-**  
Speak with a health insurance counselor:  
1-800-333-2433  
2401 Broadway Ave Ste 2  
Slayton, MN 56172

## **CONTACT US**

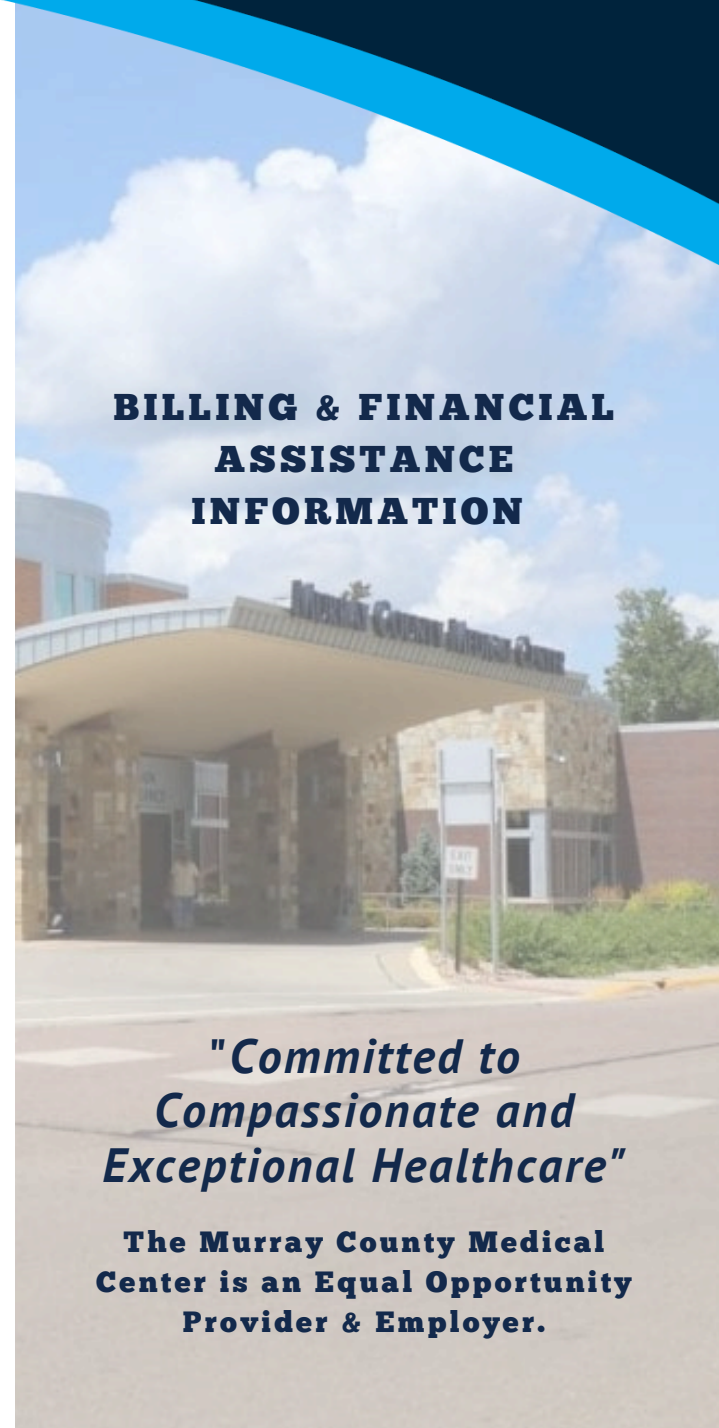
**Murray County Medical Center**  
2042 Juniper Ave  
Slayton, MN 56172  
507-836-6111  
web: [murraycountymed.org](http://murraycountymed.org)



## **BILLING & FINANCIAL ASSISTANCE INFORMATION**

*"Committed to  
Compassionate and  
Exceptional Healthcare"*

**The Murray County Medical  
Center is an Equal Opportunity  
Provider & Employer.**



# Billing of Services

**Patients are responsible to bring insurance verification and co-pays at time of service.**

The below guidelines are followed for billing of services:

- All known third party payers are billed by MCMC prior to patient receiving statement.
- Patients will receive a statement after all third party payers have paid.
- Payments are to be remitted within 30-days of receiving statement.
- Patients are responsible for contacting the Business Office to discuss payment arrangements or notify of discrepancies.\*

## **Uninsured Patients**

*MCMC will not deny services to patients regardless of payor source/low-income.*

If uninsured, MN resident patients may be eligible to receive an uninsured discount.

## **MCMC Financial Assistance Program**

MCMC Financial Assistance Program is an income-based program available to patients with medical bills. Inquire by contacting the MCMC Business Office.\*

## **Past Due and Collection Procedures**

*Payment remittance is 30 days from statement date.*

Patients will be notified by letter that account is past due. Patient is then responsible to remit payment. If payment is not received after past-due notification the account will be in default.

- MCMC will make various attempts to contact patients regarding balance on account.
- After attempts have failed to collect payment of debt, account will be submitted to a collection agency and listed with the State of MN for revenue recapture.

Engage and  
provide the local  
community with a  
comprehensive  
range of quality  
healthcare  
services

# Definitions

## **Co-payment vs. Co-insurance:**

Many health insurance policies require both co-pay and co-insurance. Co-insurance is a percentage of the cost of medical expenses the insured individual must pay. Co-payments are set amounts the insured pays for services and prescriptions.

## **Insurance Claim:**

The bill for services the facility submits to your insurance company or companies.

## **Itemized Bill:**

A list of individual charges for services and procedures you can request at any time.

## **Patient Balance:**

The amount on your bill that is your responsibility to pay.

