


**The mission of  
Decatur County  
Hospital  
is to provide quality,  
compassionate,  
accessible health care  
with a personal touch  
and respect  
for those we serve.**



1405 NW Church Street  
Leon IA, 50144  
PH: (641) 446-4871  
FAX: (641) 446-2201

**Contacts:**

Business Office Hours 8:00 a.m.—4:00 p.m.  
Billing/Collections Rep 641-446-4871  
Business Office Manager 641-446-2224  
Chief Financial Officer 641-446-2340

Approved April 2004

## Frequently Asked Questions

### Can I make an appointment with a Patient Accounts representative to discuss my hospital bills?

Yes. Please contact Decatur County Hospital Business Office at 641-446-4871 for more information.

### Will I receive an itemized statement?

DCH will send you a Balance Due statement after your insurance has paid their portion of your claim, unless you specifically request an Itemized statement. If you would like an itemized statement, please contact the DCH Business Office Manager at 641-446-2224, during Business Hours. You can expect to receive your requested billing information 30 days from the later date of discharge or request.

### Can I pay Decatur County Hospital for a visit prior to receiving a bill?

Yes. Many people know the amount of their portion of the bill, and DCH will accept payment prior to the insurance company payment. If you are due a refund after the insurance company pays their portion, it will be refunded to you promptly.

### Is Decatur County Hospital a preferred provider for my insurance plan?

The best way to determine if DCH is an in-network or preferred provider is to check with your insurance company, your employer's benefits coordinator, or contact the DCH Business Office.

### Who is responsible for getting an authorization or pre-approval for a particular service?

DCH will try to get authorization from your insurance company for services provided; however, it is ultimately your responsibility to ensure that services have been authorized or pre-approved.

## Decatur County Hospital



**Your  
Hospital  
Bill**



*Affiliate of Mercy Health Network  
Central Iowa, Des Moines*



# Billing and Payment Policy

## If You Have Health Insurance

### Your Insurance Policy

We will need a copy of your insurance card. You will be asked to assign benefits from the insurance company directly to the hospital. Please be sure that you understand the type of coverage you have and the coverage it provides. You should also take care of any requirements your carrier has regarding pre-certifications, authorizations or second opinions. Failure to meet these requirements may result in a claim denial or higher co-payment.

### Filing Claims

The hospital is responsible for submitting bills to your insurance company and will do everything possible to expedite your claim. You should remember that your policy is a contract between you and your insurance company, and you have the final responsibility for payment of your hospital bill.

If you have two insurance companies, we will bill your secondary insurance as a courtesy, after we receive the primary insurance payment. If payment is not received after 45 days the balance may become your responsibility.

### If You Are Covered by Medicare

We will need a copy of your Medicare card to verify eligibility and process your Medicare claim. You should be aware that the Medicare program specifically excludes payment for certain items and services such as personal comfort items and pre-surgical or screening exams. Deductibles and co-payments also are the responsibility of the patient.

### Workers Compensation Patients

If your hospital visit was work related, we will not bill your employer unless we have received either written or verbal approval from them. You should request that your employer send an authorization to us. Unless we have received written approval, your account balance will be due from you.

### Your Hospital Billing Statement

You should receive a Balance Due statement after your primary and secondary insurances have paid their portion of your bill. If you would like to receive your bill prior to insurance payment, please notify the Business Office. Itemized bills are only sent upon request.

You will receive a separate bill from the physician involved in your care. If you have questions about these bills, please call the number printed on the billing statement.

## Paying Your Bill

We request that you pay your bill in full within 60 days. If you are unable to pay in full within 60 days, a monthly payment plan may be established, not to exceed 9 months. Customers who need more than 9 months to pay are encouraged to seek bank loans or other avenues for financing. If the customer defaults on the agreement or if the account is not paid in full at the end of the nine (9) month period the customer's account may be sent to an outside collection agency.

Visa, MasterCard, Discover and bank debit cards will be accepted for payment.

If a patient makes an application for Medicaid, payment may be delayed until eligibility is determined.

### Charity Care Program

A Charity Care Program is available for residents of Decatur County and immediate surrounding counties with extreme financial hardship, using a sliding scale based on Federal Poverty Guidelines.

Proof of income limiting the ability to meet the obligation is required.

For more information on qualifying for the Charity Care program, please contact the DCH Business Office. All applications are subject to approval by Administration .

