

FINANCIAL ASSISTANCE

For information concerning financial assistance programs or to make payment arrangements contact:

CREDIT/COLLECTIONS Department

620.222.6240 or 620.222.6296

Payment in Full

- A. Cash, check, money order
- B. VISA, MasterCard, DISCOVER



If you are unable to pay in full, the following guideline is used in setting monthly payment amounts:

\$1.00 to \$300	60 days
\$301 to \$600	Three months
\$601 to \$1,500	Six months
\$1,501 to \$4,000	Nine months
\$4,001 up	Twelve months

If you are unable to meet the above guidelines, it is important to contact the Credit/Collections Department to determine the final decision on payment size and length of agreement.

If you and the hospital are unable to reach a reasonable payment plan, the account may be forwarded to an attorney or outside collection agency.

To avoid jeopardizing your credit rating, we urge your cooperation.

PROFESSIONAL SERVICES

There may be more than one type of charge resulting from your hospital visit.

During your visit, it may be possible that the specialized skills of other physicians and professionals could be required. You may receive separate billings for these services that are payable directly to these parties.

Examples of these services could be your attending physician or surgeon fees, anesthesia, radiology, pathology, or ambulance service. Questions regarding these billings should be directed to the professional providing such services.

PATIENT RESPONSIBILITY

It is your responsibility to update your address, telephone number, and insurance coverage with the hospital as needed.

CO-PAY COLLECTION

+ Outpatient services:

Render co-pay at time of check-in

+ Emergent care (ER) services:

Your co-pay will be collected at time of discharge

- + If you are private pay, we request a \$200 payment toward your ER charges

WNH MISSION

William Newton Hospital is a team of skilled individuals dedicated to meeting the ever changing needs of the community through advances in leadership, education, technology, and continuous improvement in the delivery of quality health care. We are committed to sound financial management and ethical practices. We care for those we serve with dignity, kindness, and compassion.



PAYMENT POLICY

PATIENT GUIDE



1300 E. Fifth Avenue
Winfield, Kansas 67156

620.221.2300
www.WNHcares.org



PAYMENT OPTIONS

Credit is a form of trust William Newton Hospital has placed in you.

Prompt payment is your obligation when you are granted credit, and is vital to the Hospital's continued provision of quality health care service to this community.

PAY ONLINE

Go to www.WNHcares.org.

William Newton Hospital accepts many forms of payment including:



It is the purpose of William Newton Hospital to provide quality health care at the lowest possible cost to the patient. To assure such quality service, the Hospital must remain in a sound financial position.

In order for the community to keep its hospitalization costs at a very minimum, the Hospital has adopted this Payment Policy. The Hospital has a Credit/Collections Department to assist you.

BOARD OF TRUSTEES
William Newton Hospital

PATIENT PAYMENT POLICY

Thank you for choosing William Newton Hospital (WNH) as your health care provider. We are providing you with this policy so you have a clear understanding of our Patient Payment Policy. This is important for our professional relationship.

Please ask if you have any questions regarding our fees, policies, or your responsibilities and a Credit/Collection Manager will be able to assist you.

It is your responsibility to provide WNH with current insurance information. We will ask for your insurance card, so please have it available each time you come to WNH. If current information is not obtained at the time of service, it will become your responsibility to pay until current information is provided to WNH. If you fail to provide this information and timely filing expires, you will be responsible for the outstanding balance.

Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file the claim for you. However, we will not become involved in disputes between you and your insurance company. WNH will provide information to assist you if needed. If a problem occurs with your claim, you will be asked to contact your insurance company to help resolve the problem. This includes, but is not limited to, questions regarding your deductible, co-insurance, and non-covered charges.

YOU ARE ULTIMATELY RESPONSIBLE FOR THE TIMELY PAYMENT OF YOUR ACCOUNT.

You will receive a monthly statement for services which is due upon receipt. You will be expected to make payments on your account until the balance is paid in full. We accept Visa, MasterCard, Discover, cash, or check.

See back page for more information on financial arrangements.

WORKERS COMPENSATION

Workers Compensation can only be verified by the employer. Patients treated for on-the-job injuries are required to immediately provide the hospital with the following information:

1. Name of Employer
2. Address of Employer
3. Contact Person & Phone Number

If this information is not provided, the account will be considered the responsibility of the patient and handled as an account without insurance.


William Newton Hospital

620.221.2300