

## Marlette Regional Hospital Account Balance Terms Attachment A

Based upon the patient account balance amounts outlined below, this schedule represents the minimum monthly payment amount and term that is acceptable for paying an account over time.

<u>Account Balance</u>	<u>Term</u>	<u>Monthly Payment</u>
Less than \$100.00	3 months	\$40.00
\$101.00 - \$300.00	6 months	\$50.00
\$301.00 - \$500.00	8 months	\$60.00
\$501.00 - \$1,000.00	12 months	\$85.00
\$1,001.00 - \$2,400.00	24 months	\$100.00
\$2,401.00 - \$6,000.00	48 months	\$125.00
\$6,001.00 - \$9,000.00	60 months	\$150.00
Over \$9,000.00	Manager Approval	

The guidelines are meant for a single episode of care. If the patient is making payments on one account and has additional services, the total of all accounts owing must be considered and the minimum payment adjusted accordingly.

**To make monthly payments on an account, patients are required to make arrangements by phone with the Patient Accounting Department at 989-635-4042.**