

Marlette Regional Hospital  
Account Balance Terms  
Attachment A

		<u>Monthly Payment</u>	<u>Staff Decision</u>
Less than \$100.00	3 months	\$55.00	
\$101.00 - \$300.00	6 months	\$65.00	
\$301.00 - \$500.00	8 months	\$75.00	
\$501.00 - \$1,000.00	12 months	\$105.00	
\$1,001.00 - \$2,400.00	24 months	\$120.00	
\$2,401.00 - \$6,000.00	48 months	\$145.00	
\$6,001.00 - \$9,000.00	60 months	\$170.00	
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.