

PAYMENT OPTIONS

Self Pay

Patients with no insurance are classified as self pay. All balances due after insurance has paid are also considered self pay. Jefferson County Health Center (JCHC) expects payment in full at the time a balance is determined to be self pay. However, if the patient is unable to make the payment in full, payment arrangements are available.

Pay online through MyChart! Pay as a guest or user at <https://mychart.uihealthcare.org/jchc>



You may set up your own plan on MyChart:

UP TO \$75	BALANCE IN FULL	
\$75-\$250	2-5 MONTHS	\$50
\$250-\$750	3-10 MONTHS	\$75
\$750-\$1,000	8-10 MONTHS	\$100
\$1,000-\$1,500	8-12 MONTHS	\$125
\$1,500-\$2,000	9-12 MONTHS	\$175
\$2,000 PLUS	10-18 MONTHS	\$200

Platinum Financing

Platinum is an outside financial institution which can make payment arrangements directly with the patient through GreenState Credit Union. There are no-interest and interest-based payment options available. To apply, call 641-469-4311 or visit

JeffersonCountyHealthCenter.org/BillPay

Payment Options

JCHC accepts the following payment options: Cash, Check, Debit, Visa, MasterCard, Discover, American Express

GENERAL INFORMATION

Business Office

Weekday Hours: 8:00 a.m. – 4:30 p.m.
The Business Office can assist with insurance and statement questions, payments, and payment arrangements. Call 641-469-4311.

Hospital Registration Hours

Weekday Hours: 7:00 a.m. – 6:00 p.m.
Saturday: 7:00 a.m. – 3:00 p.m.
Hospital registration accepts payments during the hours listed above.

Insurance

Weekday Hours: 8:00 a.m. – 4:30 p.m.
Contact our insurance specialists based on the first letter of your last name.

- A-M: 641-469-4230
- N-Z: 641-469-4990
- JCHC Clinics: 641-469-4211

Questions?

Contact the Business Office Supervisor at 641-469-4365 or email

Billing@jeffersoncountyhealthcenter.org

Need help with your Medicare Plans or Supplemental Insurance?

Contact SHIIP Counselors at 641-469-4308.
Website: <https://shiip.iowa.gov/>



Jefferson County Health Center

2000 S. Main Street, Fairfield, IA 52556
Phone: 641-472-4111
JeffersonCountyHealthCenter.org

FINANCIAL SERVICES

Your guide to payment options, financial assistance, & insurance questions



Jefferson County Health Center

EMERGENCY SERVICES

All emergent patients will be treated and/or admitted to JCHC regardless of their ability to pay for services.

MEDICARE AND COMMERCIAL INSURANCE

JCHC will submit a claim for services to Medicare for you. Any deductible and/or co-insurance amounts will be submitted to your supplement insurance. If you do not have a Medicare supplement insurance, outstanding deductible and/or co-insurance amounts will be payable following the payment schedule outlined in the self pay section of this brochure.

JCHC submits claims to insurance companies on your behalf if the proper insurance information is provided.

JCHC expects payment or an explanation of benefits (EOB) from your insurance company within 45 days of filing the insurance claim. After 45 days, the patient or guarantor is responsible for payment. The outstanding amount will be payable following the payment schedule outlined in the self pay section of this brochure.

For questions regarding your insurance, please contact our Business Office—contact information is located on the back of this brochure.

FINANCIAL ASSISTANCE

JCHC provides financial assistance to those who qualify. Financial assistance guidelines are based on the national poverty income guidelines that are released annually by the federal government. The current guidelines are displayed in the table below.

Once you qualify for our assistance, your application will be valid for six (6) months, at which time you will need to submit a new application with updated financial information.

Want to know if you qualify for financial assistance? Take a look at the table below and contact our Financial Counselor at 641-469-4311 or email

billing@jeffersoncountyhealthcenter.org

2023 JCHC FINANCIAL ASSISTANCE GUIDELINES

All guidelines are based on annual gross income

Family Size	100% CHARITY	90% CHARITY	60% CHARITY	40% CHARITY	20% CHARITY	10% CHARITY	0% CHARITY
1	\$14,580	\$21,870	\$29,160	\$36,450	\$43,740	\$51,030	\$58,320
2	\$19,720	\$29,580	\$39,440	\$49,300	\$59,160	\$69,020	\$78,880
3	\$24,860	\$37,290	\$49,720	\$62,150	\$74,580	\$87,010	\$99,440
4	\$30,000	\$45,000	\$60,000	\$75,000	\$90,000	\$105,000	\$120,000
5	\$35,140	\$52,710	\$70,280	\$87,850	\$105,420	\$122,990	\$140,560
6	\$40,280	\$60,420	\$80,560	\$100,700	\$120,840	\$140,980	\$161,120
7	\$45,420	\$68,130	\$90,840	\$113,550	\$136,260	\$158,970	\$181,680
8	\$50,560	\$75,840	\$101,120	\$126,400	\$151,680	\$176,960	\$202,240
For each additional Person	\$5,140	\$7,710	\$10,280	\$12,850	\$15,420	\$17,990	\$20,560