



Hillsboro Health
1200 E. Tremont St. Hillsboro, IL 62049
www.hillsborohealth.org
217-532-6111

PAYMENT GUIDELINES

Thank you for choosing Hillsboro Health for your health care needs. Hillsboro Health will partner with our community to continue to be recognized as a leading provider of high quality, affordable and personalized health care and wellness services in the area.

Our goal is to collect for services in a timely and efficient matter. Upon registration, we will request self-pay portions, including deductibles and / or copays. Cash, check, Visa, Mastercard, Discover and debit cards are accepted.

Please contact our Financial Counselor at 217-532-4204 or the Billing Department at 217-532-4203 with any questions.

PHYSICIAN & ANESTHESIA SERVICES

You may receive a separate bill from our physicians, including the Radiologist, consultations as ordered by your physician, and for anesthesia services. These health care professionals may not be participating in the same insurance plans and networks as the hospital. This may cause greater financial responsibility to you for services rendered at Hillsboro Health. If you have questions regarding these separate charges, please contact their offices directly at the number provided on their bill.

INSURED PATIENTS

We will bill your health plan for services rendered when proper information is received. Balances due, including "usual and customary allowances", are due upon receipt of the bill sent to the patient/guarantor. Payment in full is expected upon receipt.

SELF-PAY PATIENTS

Payment for services is due upon receipt of the bill. For your convenience, we accept cash, check, Visa, Mastercard, Discover, and credit/debit cards.

UNINSURED PATIENTS

Patients who do not have insurance and do not qualify for Medicaid may be eligible for an uninsured discount under certain terms and conditions. To inquire about this discount, contact 217-532-4204.

PAYMENT ARRANGEMENTS

If you are unable to pay the balance in full, payment arrangements can be made by contacting the Financial Counselor. Payment arrangements must be agreed to by the hospital in accordance with the guidelines outlined below to avoid placement of your account with a collection agency. The minimum payment is \$25.

Payment Arrangement Guidelines	
Account Balance	Maximum Time Period
Less than \$500	12 months
\$500 - \$1,499	18 months
\$1,500 - \$4,999	24 months
\$5,000 or more	36 months

FINANCIAL ASSISTANCE

If you are financially unable to pay this bill, you may be eligible for financial assistance under the terms and conditions Hillsboro Health offers to patients who meet certain requirements. Please contact us for resources that may be able to help, by calling 217-532-4204 or, to obtain an application online, please visit our website:

www.hillsborohealth.org