


Directions for complete this form online for emailing or printing.

Windows/Macintosh computers

Download form and open in Adobe Reader DC. The blanks of the form are fillable, just click and type. Make sure you save often. Once you have completed the form save again. To complete the signature part of the form you may do one of the following:

- Type your signature for emailing
- Click on the fill and sign option
- You may print the form and manually sign.

If you clicked on the fill and sign option follow these steps.

- Select the fill and sign option.
- At the top of the  page select the icon.
- Select the signature option.
- You may either type your name or select draw. Use your mouse and draw your name. Click apply. You will need to move your signature to the signature line with your mouse. You may have to resize it by selecting a box at a corner and pushing to shrink or pulling to enlarge.
- Save your document again.
- Email it to Cathy Good at cgood@lchoakley.com

Android/iPhone

The easiest way to complete this form is to download the free app AdobeFill&Sign.

- Download the pdf file.
- When the options appear select Copy to AdobeFill&Sign.
- Click the line you need to complete and type.
- To sign the document select the signature line and touch the pen at the bottom of the window. Write your name.
- Email it to Cathy Good at cgood@lchoakley.com

Logan County Hospital/New Frontiers Health Services
Payment Arrangement

Minimum monthly payment accepted is \$100.00. Payments should be made by the 20th of the month following receipt of statement. All account balances will be paid on the following schedule:

Account Balance	Monthly Payment
\$100 and under	30 days in full
\$101 - \$300	Greater of \$100 or 3 equal payments
\$301 - \$500	Greater of \$100 or 4 equal payments
\$501 - \$700	Greater of \$100 or 6 equal payments
Over \$700	Greater of \$100 or 10% of balance due

A prompt pay discount of 10% will be given to all accounts paid in full within fifteen (15) days of the date of the first billing. ***Policy co-pays are NOT eligible for prompt pay discounts and must be paid in full at the time of service.***

In the event that a payment contract has been entered into, failure to make any scheduled payment will result in one additional attempt to collect the arranged amount. Failure to resume scheduled payments will result in the account being turned to another source for collection.

EFT/Credit Card Authorization

I authorize Logan County Hospital to charge my monthly payment in the amount of \$_____ on the _____ day of each month to the below credit card. This authorization is effective until the account is paid in full or one year.

Name on Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Effective Date: _____

In the event that a payment contract has been entered into, a declined scheduled payment will result in one additional attempt to collect the arranged amount. Failure to resume scheduled payments will result in the account being turned to another source for collection.

Logan County Health Services Financial Assistance Program Summary

The Logan County Health Services (LCHS) Financial Assistance Program exists to provide eligible patients partially or fully discounted emergent or medically-necessary care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and/or medically necessary healthcare services provided by LCHS.

Eligible Patients – Patients receiving eligible services, who submit a Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by LCHS.

How To Apply – Financial Assistance Application may be obtained as follows:

- Obtain an application at Logan County Hospital or New Frontiers Health Services admissions desk
- Request to have an application mailed to you by calling (785)-672-3211
- Request an application by mail at Logan County Hospital, 211 Cherry, Oakley, KS 67748
- Download an application through the LCHS website at www.logancountyhospital.org

Determination of Financial Assistance Eligibility - Generally, patients are eligible for financial assistance based on their income level and assets (See Financial Assistance Program Policy at www.logancountyhospital.org). Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) to those patients who have insurance.