



Arizona State Hospital

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Arizona State Hospital
Payment for Services

Dear Patient and/or Family Members:

How does the hospital determine what to charge for services?

State law (Arizona Revised Statute 36-545.01) requires the Arizona State Hospital to determine if a patient has the ability to pay for services. Once admitted, admissions staff and patient finance staff gather information about a patient's income and resources. This includes any private insurance, AHCCCS, Medicare, any income, and savings.

If you have private insurance, Medicare or AHCCCS, the hospital will bill these insurance companies. However, these companies have limited benefits usually covering a limited time frame for hospitalization.

Once the hospital has billed these companies, the law requires the Hospital to determine if the patient has income, savings or other financial resources and to bill the patient or his/her payee based upon the patient's income. Income includes Social Security Disability, Veteran's benefits, or any monthly income. If you are single, only your income is considered. Income includes Social Security Disability, Veteran's benefits or any monthly income. Savings are also considered in the process and include savings at 1% above \$5,000. If you are married, your family income is reviewed and charges will be based on a sliding fee scale according to the number of dependents relying on your income. When a child is admitted to the facility, his/her parent's income is reviewed and the same sliding fee scale is applied.

The review of insurance, income and resources typically takes about 30 days. At that time the Hospital will inform you or your payee if you will be billed for services. Charges will be based on a sliding scale fee and billed monthly.

What is a fee based on sliding scale?

A sliding fee is a discount of charges for patients who either have no insurance or for patients whose insurance does not cover services. Regardless of whether you have insurance, the Hospital will still review income and resources.