

Contact Us

Financial Counselor



712.542.6770

Social Services



712.542.8315

Clarinda Regional Health Center



712.542.2176



220 Essie Davison Drive
Clarinda, IA 51632



Business Office Hours:
Mon - Fri 8:00 am - 4:30 pm



ClarindaHealth.com

Clarinda Regional Health Center is committed to helping our underinsured and uninsured patients. We have staff available to provide information on payment plans or other forms of assistance. No one will be denied access to services due to inability to pay; and there is a discounted/sliding fee schedule available based on family size and income.



PATIENT PAYMENT OPTIONS

Advancing Exceptional Care

220 Essie Davison Dr. P: 712-542-2176
Clarinda, Iowa 51632 ClarindaHealth.com



Option 1: Private Pay (Self-Pay)

Who this is for:

Patients who do not have insurance coverage, or whose insurance deems the service as non-covered under their plan

What this includes:

- Private pay discounts apply
- No application or paperwork required
- Payment can be made in full or combined with a payment plan



Option 2: Payment Plans (Flexible Monthly Payments)

Who this is for:

Patients with or without insurance who need time to pay their balance.

What this includes:

- Flexible payment plans with 0% interest
- No formal application, contracts, or fixed terms
- Payment arrangements are based on what best aligns with you and your household budget
- Plans are established directly with our office and may be adjusted as your financial circumstances change

Please Note: If you receive additional services, your costs/balance may need adjustment, or you may need an updated payment plan.

Amount	Paid Over 12 Months	Paid Over 24 Months	Paid Over 36 Months
\$300	\$25.00	-	-
\$400	\$33.33	-	-
\$500	\$41.67	-	-
\$600	\$50.00	\$25.00	-
\$700	\$58.33	\$29.17	-
\$800	\$66.67	\$33.33	-
\$900	\$75.00	\$37.50	\$25.00
\$1,000	\$83.33	\$41.67	\$27.78
\$1,100	\$91.67	\$45.83	\$30.56
\$1,200	\$100.00	\$50.00	\$33.33
\$1,300	\$108.33	\$54.17	\$36.11
\$1,400	\$116.67	\$58.33	\$38.89
\$1,500	\$125.00	\$62.50	\$41.67
\$1,600	\$133.33	\$66.67	\$44.44
\$1,700	\$141.67	\$70.83	\$47.22
\$1,800	\$150.00	\$75.00	\$50.00
\$1,900	\$158.33	\$79.17	\$52.78
\$2,000	\$166.67	\$83.33	\$55.56
\$2,500	\$208.33	\$104.17	\$69.44
\$3,000	\$250.00	\$125.00	\$83.33
\$3,500	\$291.67	\$145.83	\$97.22
\$4,000	\$333.33	\$166.67	\$111.11
\$5,000	\$375.00	\$187.50	\$125.00

Option 3: Financial Assistance (Application Process)

Who this is for:

Patients who are unable to pay for medically necessary care due to financial hardship.

Ways to obtain an application:

- Contact CRHC's Financial Counselor
- Visit our website
- Scan the QR Code Below



Charity Care Application

Scan the QR Code to download or view the application for assistance.

