



PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Overview

Meade District Hospital (MDH), a governmental non-profit organization, is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for emergency or other medically necessary care based on their individual financial situation. Consistent with its mission to deliver compassionate, high quality, affordable health care services, MDH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. MDH will not discriminate against any patient seeking emergent care including those in the provision of emergency medical treatment, those eligible for financial assistance under this policy or those eligible for government assistance. This is the summary of the MDH financial assistance policy (FAP).

Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at MDH. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to transplants, cosmetic services and other services considered elective.

Eligibility Requirements

MDH's financial assistance program is available to patients with a primary residence in Meade County at the time service was rendered. We may consider residents of Gray, Clark & Seward counties as well as out-of-area patients (e.g., travelers). Out of county applicants will follow the application guidelines as Meade County applicants. Financial assistance is generally available for emergency, urgent, or other medically necessary services.

Financial assistance is generally determined by a sliding scale of total household income based on the *Federal Poverty Level (FPL)*. If you and/or the responsible party's income combined is at or below 200% of the federal poverty guidelines, you will have no financial responsibility for the care given by MDH. If you fall between 200 and 400%, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details.

Requests for Financial Assistance must be returned within 30 days and will be processed promptly. MDH will notify the Guarantor of its determination or need for information on incomplete applications in writing within 30 days of receipt of a completed application.

Availability of Translations

The Financial Assistance policy, application form, and the plain language summary can be offered in English, Spanish and Large Print. MDH may elect to furnish translation aids, translation guides, or provide assistance through use of a qualified bilingual interpreter by request. For information about MDH's Financial Assistance Program translation services, please call 620-873-2141.

How To Apply for Assistance

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance you may:

- 1) Download the information online at www.avhealthsystem.com.
- 2) Request the information by calling 1-620-873-2141.
- 3) Request the information in writing by mail or by visiting the Business Office at

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510 E Carthage
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