

## **Cloud County Health Center**

### **Financial Assistance Policy Plan Language Summary**

Since inception Cloud County Health Center (CCHC) affirms and maintains its commitment to serve our community regardless of age, race, color, religion, sex, national origin, disability, veteran status, gender identification and whether they are uninsured or underinsured. In furtherance of these principles, Cloud County Health Center provides financial assistance for certain individuals who receive emergency or other medically necessary care from Cloud County Health Center. This summary provides a brief overview of Cloud County Health Center's Financial Assistance Policy.

### **Who Is Eligible?**

You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 150% of the Federal Poverty Level, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 150% of the Federal Poverty Level but does not exceed 200% of the Federal Poverty Level, you may receive 75% Financial Assistance write-off on the portion of the charges for which you are responsible. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

### **How Can I Apply?**

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact the Patient Financial Services Department, located at 1100 Highland Drive, Concordia, KS 66901 or by calling 785-243-1234.

### **How Can I Get More Information?**

Free copies of the Financial Assistance Policy and Financial Assistance application form are available at the Patient Financial Services Department, located at 1100 Highland Drive, Concordia KS 66901 or by calling 785-243-1234. They can also be downloaded at [www.cchc.com](http://www.cchc.com).

**Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available upon request.**