

HOWARD COUNTY MEDICAL CENTER FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

Howard County Medical Center (HCMC) offers financial assistance to individuals who qualify. HCMC acknowledges the financial needs of patients and families who are unable to afford the charges associated with the cost of medically necessary and emergency medical care. To manage its resources and responsibilities and to allow HCMC to provide assistance to the greatest number of patients in need, the Board of Directors has established these guidelines for providing Financial Assistance.

ELIGIBILITY REQUIREMENTS

In order to be eligible for free care or care at a reduced rate, the patient and/or family must apply by completing an application. Families applying for financial assistance will not be denied based upon race, color, religion, sex, age, national origin, or marital status. The decision to provide financial assistance will be based on a review of the family's income. Additional information may be requested and ultimately may affect HCMC's decision.

The necessity for medical treatment of any patient will be based on the clinical judgment of the healthcare provider without regard to the financial status of the patient and/or parent. All patients will be treated for emergency medical conditions without discrimination and regardless of their eligibility for free or discounted care.

Financial assistance is generally determined by a sliding scale of total household income based on federal poverty guidelines. When total household income is less than 150% of the federal poverty guideline, a 100% discount from gross charges applies. When total household income is between 150% and 300% of the federal poverty guideline, a partial discount applies. No person eligible for financial assistance will be charged "gross charges". An individual who is eligible for financial assistance under HCMC's Financial Assistance Policy will not be charged more for emergency or other medically necessary care than the amounts generally billed (AGB) to individuals who have insurance covering such care. Discounts based upon the sliding scale will be deducted from HCMC's AGB. HCMC determines an AGB percentage on an annual basis. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance. Please refer to the full policy for a complete explanation and details.

WHERE TO OBTAIN INFORMATION

There are numerous ways that an individual may obtain information about the financial assistance policy application process, or obtain copies of the financial assistance policy or the application form:

- Download the information online at www.hcmc.us.com (under "For Patients" → "Financial Assistance")
- Request the information at no charge by calling the HCMC Business Office at 308-754-4421
- Request the information by mail or in person, free of charge: Business Office, HCMC, 1113 Sherman Street, Saint Paul, NE 68873

TRANSLATIONS

Our financial assistance policy, financial assistance policy application, and plain language summary financial assistance policy will be translated for populations with limited English proficiency in accordance with Section 501(r) of the Internal Revenue Code.