

**VALLEY COUNTY HEALTH SYSTEM
ORD, NEBRASKA**

TOPIC: **FINANCIAL ASSISTANCE POLICY – Plain Language Summary**

PURPOSE:

The purpose of this policy is to summarize the Financial Assistance Policy FI09. For complete details see Financial Assistance Policy FI-09.

PROCEDURE:

I. ELIGIBILITY CRITERIA

To qualify as Financially Indigent, the patient must be Uninsured or Underinsured and have a Household Income of equal to or less than 200% of Federal Poverty Level, provided however, that patients who satisfy the minimum household income criteria but have a Net Worth in excess of ten (10) percent of total outstanding medical bills do not qualify as Financially Indigent.

II. COVERED PROVIDERS

Care provided by the Hospital and Hospital-employed physicians, billable providers and practitioners are covered by this policy.

Care provided by independent community physicians and other independent service providers is not subject to this policy. Patients should contact these other providers to determine whether care is eligible for financial assistance.

III. LIMITATION ON CHARGES & CALCULATION OF AMOUNT OWED

Patients who are deemed to be eligible for financial assistance under this policy will not be charged for care covered by this policy more than Amounts Generally Billed by the Hospital to individuals who have health insurance covering such care. Discounts granted to eligible patients under this policy will be taken from gross charges.

IV. APPLICATION PROCESS & DETERMINATION

Patients who believe they may qualify for financial assistance under this policy are required to submit an application on the Hospital's financial assistance application form during the Application Period. Completed applications must be returned to PFS at 2707 L St, Ord, NE 68862.

V. COLLECTION ACTIONS

For further information on the actions the Hospital may take in the event of non-payment, please see the Hospital's Collections-Self Pay Balances, Policy #BO11. Patients may obtain the Billing and Collection Policy free of charge (i) by contacting patient financial services at vbradley@valleycountyhealthsystem.org or 308-728-4200, (ii) by request in person at patient financial services, or (iii) by download at www.valleycountyhealthsystem.org.

VI. EMERGENCY MEDICAL CARE

Emergency medical treatment will be provided without regard to ability to pay and regardless whether the patient qualifies for financial assistance under the financial assistance policy, See Policy #FI-06.