



ADMINISTRATIVE

NUMBER AdmC-5

Page 1 of 1

POLICIES & PROCEDURES

EFFECTIVE DATE:

8/23/2017

Financial Assistance Plain Language Summary

Little Colorado Medical Center's mission is to provide Professional Care with a Compassionate Touch. As part of this mission, Little Colorado Medical Center offers financial assistance through its Care Assistance Program to patients unable to pay for emergency or medically necessary care.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets.

Patients must comply with the application process, including submitting tax returns, bank statements, and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid Assistance.

How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns during the patient's care. The patient or responsible party will then be encouraged to complete a Financial Assistance Application.

Financial assistance is limited to medical care provided at Little Colorado Medical Center. Little Colorado Medical Center will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPPA).

Where to Obtain Copies

Little Colorado Medical Center's Care Assistance Program and Application are available free of charge by contacting our Business Office at 1-928-289-6369 and requesting a copy by mail. The policy and application are also available online at [www.lcmcmh.patientcompass.com/RA/General/BillingPolicies/ FinancialAssistance](http://www.lcmcmh.patientcompass.com/RA/General/BillingPolicies/FinancialAssistance) for downloading and printing. Copies of the policy and application are also available at Admissions and the Business Office, as well as the Emergency Department.

Contact for Information and Assistance

Additional information about the Care Assistance Program and assistance with the application process can be obtained from Patient Financial Services:

- Online at www.lcmcmh.patientcompass.com
- You may also call 1-928-289-6369 or visit our Business Office

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than the amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.

APPROVED BY BOARD OF DIRECTORS:

See Board of Directors Minutes

DATE REVIEWED: 8/22/2017

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