

 <p>MYRTUE Medical Center</p> <p>POLICY / PROCEDURE</p>	Effective Date: Oct. 2016	Review Dates:	Revision Dates:
	Written By: Kristy Hansen	Aug. 2018	Dec. 2024
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	Department: Revenue Cycle	Oct. 2024	
Myrtue Medical Center Financial Assistance Policy – Plain Language Summary			

Policy Statement

Myrtue Medical Center’s (MMC) Financial Assistance Policy (FAP) exists to provide eligible patients, partially or fully-discounted emergency or other medically necessary health care services provided by MMC.

Eligible Services: Emergency or other medically necessary health care services by MMC and billed by MMC. Other services which are separately billed by other providers, such as physicians or laboratories may not be eligible under the FAP.

How to Apply: FAP and related application forms may be obtained/completed/submitted as follows:

- Paper copies of the FAP, FAP application form, Plain Language Summary (“PLS”) of the FAP form are available upon request and without charge by mail/online/or visiting in-person at the hospital’s Patient Access Department in the main clinic entrance. Office hours are Monday through Friday from 8:00 am to 4:30 pm. Forms may be requested by phone 1.712.340.1270.
- Forms are also available from MMC’s statement vendor, Trubridge, by calling 1-.866.256.2770.
- Requests to be pre-screened for MMC’s financial assistance programs may be made by calling the Patient Financial Advocates office at 712.340.1270.
- The FAP, FAP Application form and PLS may be downloaded from the hospital’s website: myrtuemedical.org/patients-visitors/insurance-financial-assistance/

Determination of Financial Assistance Eligibility –Financial Assistance will be based on income and family size only. Generally, eligible persons are eligible for Financial Assistance, using a sliding scale, when their Gross Family Income is at or below 200% of the Federal Government’s Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their hospital care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons. (AGB as defined in IRC Section 501[®] 5 by the Internal Revenue Service) Incomplete applications are not considered and applicants will be notified and given an opportunity to provide the missing documentation/information. **Patients will be given up to 240 days from their first billing statement to submit a completed FAP application.**

When translation of vital documents is needed, MMC will submit documents for translation into frequently-encountered languages to the Myrtue Medical Center Community Health Director.