

# MED CENTER HEALTH

# FINANCIAL ASSISTANCE POLICY

A Plain Language Summary

Revised September 2017

Med Center Health offers financial assistance to qualifying individuals who obtain emergency and other medically necessary health care from Commonwealth Health Corporation (CHC) Hospitals and their directly owned affiliates.

The purpose of our Financial Assistance Policy is to identify ways that CHC makes quality healthcare available, affordable and accessible to all, regardless of the ability to pay.

## **ELIGIBILITY REQUIREMENTS**

Our financial assistance program is based on household size and yearly income before taxes. If you have sufficient insurance coverage, income or assets available to pay for your care, you may not be eligible for financial assistance.

Applicants for financial assistance are required to apply to public programs for coverage, if eligible. Patients who do not cooperate in applying for programs that may pay for their healthcare services may be denied financial assistance.

There are certain services that are not eligible for financial assistance, including, but not limited to: services that are not considered to be medically necessary, cosmetic surgery, bariatric and all related bariatric services and other services as listed in the Financial Assistance Policy.

## **EMERGENCY ROOM PATIENTS**

Patients using our emergency room departments will not be screened for financial assistance or payment information prior to the rendering of a medical screening examination and to the extent necessary, services needed to treat the Patient or stabilize them for transfer as applicable.

## **HOW TO APPLY FOR FINANCIAL ASSISTANCE**

- Notify CHC personnel at or prior to the time of registration that you are an uninsured or under insured Patient or in need financial assistance.
- Download and print the Financial Assistance Application from the CHC website and mail a completed application form and required attachments to the address on the website. The link to the Financial Assistance Application is: <https://cfrbilling.com>.
- Request a Financial Assistance Application by phone: 800-786-1581 or 270-745-1100. The Financial Assistance Application and this Plain Language Summary (PLS) of the FAP will be mailed to you, free of charge.

## **PAYMENT POLICY**

In order to control healthcare expenses and allow us to better serve our community, payment is expected within 20 days of the first billing statement. If you cannot pay in full please contact our billing office to discuss payment arrangements, we offer many different payment plans to assist you. Our payment plans are based off the total dollar amount owed for each account. Payment plans can be from three months to as long as 60 months. Please contact the billing department at (270)745-1100 or 800-786-1581, Monday through Friday 8:00am- 4:30pm for more details.

## **CONTACT INFORMATION**

If you have any questions, please contact our billing office at (270)745-1100 or 800-786-1581, Monday through Friday 8:00am- 4:30pm. Information is also located on [www.cfrbilling.com](http://www.cfrbilling.com).