



## **Summary of Financial Assistance Policy**

Community Memorial Hospital offers financial assistance for emergency and medically necessary services provided and billed through our Patient Financial Services. This assistance, ranging from a reduction in the amount of the balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need.

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. The basis for the amounts Community Memorial Hospital will charge patients qualifying for financial assistance is as follows: Patients whose family income is at or over 100% and below 150% of the FPL would be eligible for up to a 50% discount.

For exceptional financial circumstances patients whose family income exceeds 150% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Community Memorial Hospital; however, the discounted rates shall not be greater than the amounts generally billed commercially insured patients. Once the patient has been deemed eligible, Community Memorial Hospital will apply the FAP discount to the patient's account. To get your current percent for the basis of calculating your financial assistance amount please call 605-775-2621.

**Application Filing Date.** The right to apply for financial assistance consideration begins on the date of service and extends through the 240<sup>th</sup> day after the first billing statement is sent to the patient or guarantor.

**Notification of availability of our policy.** Every effort will be made to identify patients needing assistance as early as possible. Community Memorial Hospital has widely publicized the program in the following ways: through signs at registration areas in our hospital, clinics, and emergency room.

**Services covered by a financial assistance application.** An approved Financial Assistance application will cover charges for emergency and medically necessary care provided at Community Memorial Hospital, Burke Medical Clinic, and Bonesteel Medical Clinic with charges billed through our Patient Financial Services. Any physician providing ER services in Community Memorial Hospital, Burke Medical Clinic, and Bonesteel Medical Clinic is covered under the FAP.

**Limitation of Charges.** All individuals that are FAP eligible will not be charged more than the amount generally billed (ABG) for their emergency or medically necessary care.

**Where/How to request financial assistance.** You may obtain the Financial Assistance Policy and Application through these avenues:

- Hospital, Clinic front desk
- Calling (605)775-2621
- Mail at 809 Jackson St, PO Box 319, Burke, SD 57523
- Website [www.burkehospital.com](http://www.burkehospital.com)