

Thank you for choosing Stormont-Vail HealthCare Inc. as your healthcare provider. We want to make sure your experience with Stormont-Vail HealthCare Inc. is as pleasant as possible.

Stormont-Vail HealthCare Inc. has set up a Financial Assistance Program (FAP) for our patients who are financially unable to pay their bill in full. A FAP eligible individual will not be charged more for emergency or other medically necessary care than the amounts generally billed to individuals who have insurance covering such care.

Patient/Responsible party may apply for financial assistance unless one of the following criteria applies:

- 1) Patients who receive elective services that are not covered by insurance (i.e. cosmetic surgery, tubal reversal, gastric by-pass surgery, etc.)
- 2) Patients who receive childhood vaccines (except those covered under the VFC program), adult vaccines other than flu, tetanus, pneumovax, well patient exams, weight loss related exams, cosmetic procedures, drugs covered under a drug rebate program, drugs provided for non-emergent services, durable medical equipment, home visits, contraceptive drugs and devices, screening services, form completion, lifeline services, medical testimony fees, FAA exams, DOT exams, Pre-employment exams, fertility testing, genetic testing and other services not considered conditionally approved listed on #3
- 3) Patients who receive cognitive, procedural, ancillary or other services may be scheduled for a charity approved patient if these services are required to treat or diagnose a condition that poses life or limb threatening consequences to the patient and are conditionally approved
- 4) Patients who were referred to Hospital Assistance Program and refused to cooperate and seek alternative resources for payment
- 5) Patients who refuse to cooperate with insurance carrier or did not provide insurance information until after timely filing requirements had expired
- 6) Patients who received payment directly from their insurance carrier, but refused to apply insurance payment to their account
- 7) Patients with court-ordered judgment to satisfy account balance
- 8) Patients who are not a U.S. citizen
- 9) Patients who have not been a Kansas resident the last 6 months
- 10) Patient who had services as a result of their own illegal activity
- 11) Clinic no show charges are excluded

If you would like to apply for this program, the attached form must be completed **in its entirety**.

- Proof of income for anyone who lives in the home is required. This includes members who are either working or receiving any income assistance.
- If you are required by the IRS to file taxes, please include a copy of your most recent income tax filing.
- Please return all required information ***within 14 days*** of receiving this letter.
- Failure to return application with required documentation within the 14 days could result in your account going to an outside collection agency, including, but not limited to, any extraordinary collection activity (ECA). ECA includes lawsuits, liens on residents, arrests, subjecting individual to writ of body attachments, garnishment of wages, foreclosure of real property, seizure of bank account or other personal property, sale of debt to another party, and reporting to credit agencies.
- Financial assistance cannot be approved without complete documentation.
- You will receive written notification of our decision.

Please use this checklist to make sure you have included documentation for every line filled out on the Financial Statement.

- _____ Most recent 1040 Federal Income Tax Forms (all forms filed with IRS)
- _____ Most recent W-2s
- _____ Last month's paycheck stubs for all household members
- _____ Proof of payments received from:
 - _____ Social Security _____ Unemployment _____ Child Support
 - _____ Alimony _____ Disability
- _____ Proof of other income (pension, rental property, etc.)
- _____ Copies of last month's bank statements for all checking and savings accounts
- _____ Most recent statements for other resources (CDs, money markets, stocks, bond, mutual funds, etc)

If you have any questions about the FAP, Financial Statement, or would like to request a copy of the Stormont-Vail HealthCare FAP policy, free of charge, please call **Customer Service** at **785-354-1150**, toll free at **(800) 637-4716**, or email at: hospitalbillinghelp@stormontvail.org.