

Financial Assistance Policy

Individuals expressing an inability to pay for emergency and other medically necessary care at Stormont Vail Health will be asked to complete a financial statement application form and supply supporting documentation so they can be evaluated for Financial Assistance discounts.

Patients completing the application and providing all the requested information will be evaluated for eligibility for financial assistance (FA) discounts. Any additional services received within (3) months of the original signed approval may be eligible for assistance at patient's request.

Eligibility Criteria

Individuals will be evaluated for financial assistance eligibility under this policy 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 judgement to satisfy account balance.
8. Patients who do not have a US Government issued Social Security Number.
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.

SVH will accept and process financial assistance application forms for up to the 240th day after SVH provided the individual with the first patient billing statement.