

Financial Assistance Program—Plain Language Summary

Stormont Vail Health's mission is, "Working together to improve the health of community." As part of our mission, Stormont Vail Health has a Financial Assistance Program (FAP) for our patients who are financially unable to pay for emergency or other medically necessary care. A patient determined to be eligible for financial assistance will not be charged more for emergency or other medically necessary care than the amounts generally charged to patients who have insurance covering such care.

Eligibility Requirements for Financial Assistance Program:

- 1) Eligibility for financial assistance requires the complete cooperation of the applicant during the application process.
- 2) Patient must receive non-elective emergency or medically necessary services. The following services are excluded from financial assistance discounts: childhood vaccines covered under the Vaccines for Children program; adult vaccines (except flu, tetanus and pneumovax); weight loss related exams; weight loss services including surgery; drugs covered under a drug rebate program; drugs provided for non-emergent services; durable medical equipment; contraceptive drugs and devices; form completion fee; "no show" fee; medical testimony fee; Federal Aviation Administration and Department of Transportation exam fee; pre-employment exam fee; fertility testing; and genetic testing.
- 3) Patient must have a U.S. government issued Social Security number.
- 4) Patient must be a Kansas resident for the last six months.
- 5) If referred to the Hospital Assistance Program (HAP), patient must cooperate in seeking other resources for payment.
- 6) Patient must cooperate with requests of information from your insurance carrier and provide requested insurance information before timely filing requirements have expired.
- 7) Payments made directly to you by your insurance carrier must be applied to your account.
- 8) Patient's account balance cannot have a court-ordered judgement applied to satisfy amount due.
- 9) Services provided to patient cannot be the result of patient's own illegal activity.
- 10) Annual income must be below 400% of the most recently published Federal Poverty Guidelines, and have non-retirement liquid assets less than \$10,000.
- 11) Medicaid Spenddown does not qualify for Financial Assistance per Federal Regulations.
- 12) The Senior Vice President and Chief Financial Officer or Revenue Cycle Administrative Director may make exceptions to this policy on a case by case basis.

How to Apply for Financial Assistance

Individuals can apply for financial assistance by doing one of the following:

1. Obtaining a paper financial assistance application form (with instructions on how to complete the form and the required documentation needed to submit) free of charge. Visit the hospital (1500 SW 10th Ave. 1st floor office across from Patient Registration) or any clinic office registration desk to pick up an application, or call a Customer Service Representative at (785) 354-1150 or (800) 637-4716, or by email at: billinghelp@StormontVail.org to have an application mailed to you.
2. Download and print a financial assistance application.
3. Request a financial assistance application form from the outside collection agency if they are trying to collect on your account balance

Customer Service Representatives will be available to assist patients at the above phone numbers with questions on how to complete financial assistance applications.

Once a patient has completed and returned a FAP application from either Stormont Vail Health, or the outside collection agency, all Extraordinary Collection Activity (ECA) efforts, which includes legal action and reporting to credit agencies, will be stopped until the application is reviewed and financial assistance is approved or denied.

For amounts owed after the financial assistance discounts, we offer several options to pay your bill.

Payment Options to Pay Your Bill

For your convenience we accept a variety of payment methods that can be made online or by calling our Customer Service Representatives to pay:

- Electronic funds transfer
- Cash, check or money order
- Visa
- Discover
- American Express
- MasterCard

Short-term payment plans or a bank loan may be available for larger balances. Any payment plan other than payments in full must be agreed to by our office before being accepted. Non-payment on balances due will result in your account(s) going to an outside collection agency, including, but not limited to, any extraordinary collection activity.

Additional Information

We hope this information has been helpful for you. To learn more about financial assistance, or if you have any questions about the Stormont Vail Health's Financial Assistance Program, please contact a Customer Service Representative at (785) 354-1150 or (800) 637-4716, or by email at: billinghelp@StormontVail.org