



Thank you for choosing Stormont Vail Health as your healthcare provider. Stormont Vail Health's mission is, "Working together to improve the health of our community".

As part of our mission, Stormont Vail Health has a Financial Assistance Program (FAP) for our patients who are financially unable to pay their bill in full for emergency and medically necessary care. 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. Please see back of this page to determine if you may qualify for FAP.

If you would like to apply for this program, the **Financial Assistance Application form must be completed in entirety, signed and returned to Stormont Vail Health. In addition, all required supporting documentation must be attached.**

**Financial Assistance will not be approved without the submission of required supporting documentation.**

Please use this checklist to make sure you have included supporting documentation for every line filled out on the Financial Application. Examples of required supporting documentation are:

- \_\_\_\_\_ Most recent 1040 Federal Income Tax Forms (all forms filed with IRS) with W2s.
  - If you have not filed taxes, please send a letter stating why.
- \_\_\_\_\_ Pay stubs for the last month for you and your spouse
- \_\_\_\_\_ Court document indicating the amount of alimony
- \_\_\_\_\_ Court document indicating the amount of child support
- \_\_\_\_\_ Social Security benefits letter
- \_\_\_\_\_ Disability benefits letter/statement
- \_\_\_\_\_ Unemployment benefits letter
- \_\_\_\_\_ Pension benefits letter/statement
- \_\_\_\_\_ Interest and dividends income statement
- \_\_\_\_\_ Proof of any other income
- \_\_\_\_\_ Copies of most recent bank statements for checking and/or savings accounts
- \_\_\_\_\_ Copies of most recent statements for other resources (CDs, money markets, stocks, bonds, mutual funds, etc.)

**Failure to return application with required documentation may 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 residence, garnishment of wages, foreclosure of real property, seizure of bank account or other personal property, and reporting to credit agencies.

- Please allow at least **45 days** after all documentation is received, for eligibility determination.
- Failure to return **ALL requested documentation** will result in a denial of your application.
- We will send you written notification regarding your eligibility once the application has been received and reviewed.

### **Eligibility Requirements for Financial Assistance**

- 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 examinations as administered in the clinic and surgery performed in the hospital, except that up to twenty (20) patients can be covered per year under this policy in a calendar year—10 surgical and 10 non-surgical
  - cosmetic services
  - drugs covered under a drug rebate program
  - drugs provided for non-emergent services
  - durable medical equipment
  - contraceptive drugs and devices as administered in the clinic, **except** up to 100 patients in a calendar year may be covered for either contraceptive drugs or contraceptive devices under this policy
  - form completion fee
  - “No show” fee
  - Medical testimony fee
  - Federal Aviation Administration and Department of Transportation exam fee
  - Pre-employment exam fee
  - Fertility testing
  - Genetic testing
- 3) Patient must be a Kansas resident for the last 3 months.
- 4) If referred to the Hospital Assistance Program, patient must cooperate in seeking other resources for payment.
- 5) Patient must cooperate with requests of information from insurance carrier and provide requested insurance information before insurance carrier’s timely filing requirements have expired.
- 6) Financial Assistance, if applicable, is considered secondary to other liability- not just to include insurance.
- 7) Payments received by patient directly from their insurance carrier, must be applied to outstanding balance.

- 8) Patient's account balance cannot have a court-ordered judgement applied to satisfy amount due.
- 9) Annual income must be below 300% of the most recently published Federal Poverty Guidelines, and have non-retirement liquid assets less than \$10,000.
- 10) Medicaid Spenddown does not qualify for Financial Assistance per Federal Regulations.
- 11) The Senior Vice President and Chief Financial Officer or Systems Director Revenue Cycle or Regional Director of the Revenue Cycle may make exceptions to this policy on a case-by-case basis.

Return application and all attachments to:

*Patient Financial Services*

*Stormont Vail Health*

*1500 SW 10<sup>th</sup> Ave*

*Topeka, KS 66604-9990*

If you have any questions about our Financial Assistance Program, completing the Financial Assistance Application, or would like to request a copy of the Stormont Vail Health FAP policy, free of charge, please call Customer Service at 785-354-1150, toll free at (800) 637-4716, or email at: [billinghelp@stormontvail.org](mailto:billinghelp@stormontvail.org).