



# Summary of Financial Assistance

## Our General Financial Assistance Policy

Under our facility's Financial Assistance Policy, we provide financial assistance for emergency and other medically necessary care on a sliding scale discount from our normal charges if you are a legal resident of Dickinson County, Kansas who does not otherwise have the ability to pay for services received at Memorial Hospital (Hospital) or Heartland Health Care Clinic (Clinic). All uninsured applicants will be screened for Medicaid coverage and must cooperate with our Benefit Eligibility Representatives to be eligible for financial assistance under our policy. If you are eligible, you will receive free or other discounted assistance according to the following sliding scale:

Income as Percent of Federal Poverty Guideline	Percent of Assistance Discount
0 - 150%	100%
151 - 175	75%
176 - 200	50%
201 - 250	25%

## Exceptional Medical Circumstances

Even if your family income exceeds 250% of the FPG, if you supply information to support exceptional medical circumstances (for example, terminal illness, excessive medical bills, and/or medications, etc.), you will be considered on a case-by-case basis for assistance if 100% of patient-responsibility of current medical bills are greater than 25% of your annual family income.

## Emergency Medical Care

Memorial Hospital will perform a medical screen of all patients who come to our emergency room and will treat the emergency medical conditions of patients in a non-discriminatory manner to anyone, regardless of their ability to pay, insurance status, national origin, race, creed, or color as stated in the Emergency Medical Treatment and Labor Act (EMTALA).

## Charges Will Not Exceed Amounts

### Generally Billed to Medicare

If you have no insurance coverage and receive an award of financial assistance under our Policy and your award does not cover 100% of our charges for the service, you will not be charged more for emergency or other medically necessary care than the amount we generally bill patients having insurance under Medicare.

## How to Obtain Copies of Our Financial Assistance Policy

You may obtain a copy of our Policy and the Financial Assistance Application Form:

- on the Memorial Health System website at [www.mhsk.org](http://www.mhsk.org)
- in our admission packet
- in our emergency department, or
- at Hospital registration area

In addition, if you provide your mailing address to a patient account representative, we will mail you a copy of our Financial Assistance Policy and Application Form free of charge.

## How to Obtain Information and Assistance Regarding Our Financial Assistance Policy

For information regarding our Financial Assistance Policy and Financial Assistance Application Form, please contact your Patient Account Representative at the number listed below. Our normal business hours are Monday thru Friday, 8:00 a.m. – 4:00 p.m. You may leave a voice message if you need to contact us after normal business hours.

Last Name Begins With	Direct Phone Line
A – F	785-263-6651
H – O	785-263-6695
P – Z	785-263-6697

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Return your completed application to: Memorial Hospital  
ATTN: PFS Department  
PO Box 69  
Abilene, KS 67410-0069