

## **Shannon Medical Center Financial Assistance Policy Summary**

### **Eligibility**

Shannon Medical Center offers no charge services for all emergency or other medically necessary care for individuals eligible under our Financial Assistance Policy (FAP). Eligibility is based on the hospital's Financial Assistance Policy which includes using the Federal Poverty Guidelines, number of dependents, gross annual income along with supporting documentation of income. Additional means of determining eligibility may be utilized by the hospital. Any third party resource that may be available to the patient must be used before assistance is approved by the hospital. Cosmetic procedures, pre-set cash only procedures and non-covered screening services are not eligible for Financial Assistance.

### **Income Guidelines**

In order to qualify for Financial Assistance, patient's income from all sources up to 200% of Federal Poverty Guidelines will qualify a patient for 100% discount of their hospital service.

### **Collection Procedures**

Uninsured patients who qualify for Financial Assistance will not be charged more than the Amount Generally Billed (AGB) for emergency or other medically necessary care. The hospital will use the Look Back Method for calculating the percentage allowed to be applied to gross charges to determine the AGB amount to be considered for financial assistance. For 2019, patient services eligible for the financial assistance program will be responsible for payment of no more than 27% of their gross charges. The detail of this information is available upon request from the Business Office.

Normal collection procedures will be followed for all patients unless the hospital's Financial Assistance Application is completed and submitted to the hospital. An application will not be considered complete unless the supporting documentation of income is received. Applications and supporting documentation must be received within 240 days from date of first post discharge billing statement.

### **Information on Obtaining Financial Assistance Application Form**

Applications at no cost will be mailed to you by calling the Business Office at (325) 657-5307 or (800) 330-5241. They are also available at any of our Patient Access locations. The applications are available in English and Spanish. Should you need assistance completing the application, please call our Business Office at the numbers listed above. A printable version of the application, a summary of the Financial Assistance Policy, the detailed Financial Assistance Policy and the detailed Hospital Collection Policy are available on our website at [www.Shannonhealth.com](http://www.Shannonhealth.com).