



Memorial Health Care Systems

MEMORIAL HOSPITAL FINANCIAL ASSISTANCE POLICY SUMMARY

It is the policy of Memorial Health Care Systems to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at Memorial Hospital (the "Hospital").

PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE

To receive financial assistance under the Financial Assistance Policy (the "Policy"), you must be financially and/or medically indigent and have received medically necessary or emergency care at the Hospital.

Financially Indigent:

To be "financially indigent," you must be uninsured or underinsured and have a household income equal to or less than 300% of Federal Poverty Level ("FPL"). If you qualify as "financially indigent," financial assistance will be provided based on a sliding fee scale comparing household income to a percent of FPL as set forth in the Policy.

Medically Indigent:

To be "medically indigent" you must have total current unpaid medical bills for care provided within the past six (6) months from any source that exceed 30 percent of your annual household income. If you qualify as "medically indigent," you will be responsible to pay a prorated percentage of your medical bill from the Hospital compared to the total outstanding and unpaid medical bills from all providers for care provided within the past six (6) months, up to the 30 percent limit, and the remaining amount will be considered financial assistance.

If you are eligible for financial assistance, you will not be charged more than amounts generally billed to patients who have health insurance. You may be given more financial assistance if the discount for which you qualify does not satisfy this requirement.

HOW TO APPLY

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to the Hospital Patient Accounts Department at: Memorial Hospital, Attn: Patient Accounts, 300 N. Columbia Ave., Seward, NE 68434.

A copy of the Policy and a financial assistance application may be obtained at no charge (i) by mail by calling (402) 646-4704, (ii) by e-mail at patient.accounts@mhcs.us, (iii) by download from www.mhcs.us/fap, or (iv) in person at (a) the emergency department, (b) the hospital admission department (adjacent to hospital lobby), or (c) the hospital patient accounts department (adjacent to hospital lobby).

FURTHER INFORMATION & ASSISTANCE WITH APPLYING

If you have questions about financial assistance or need assistance with applying for financial assistance, you may contact the hospital patient accounts department at Memorial Hospital, 300 N. Columbia Ave., Seward, NE, 68434 or call (402) 646-4704.

Translated copies of this summary, the Policy and a financial assistance application are available in Spanish upon request from the Hospital Patient Accounts Department.