

Sturgis Hospital

Summary of Financial Assistance Policy

Under Sturgis Hospital's Financial Assistance Policy, we provide financial assistance for certain individuals who receive emergency and other medically necessary care from Sturgis Hospital. This summary provides a brief overview of Sturgis Hospital's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 200% of the Federal Poverty Level, you will receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is 201%-250% of the Federal Poverty Guidelines, you may receive discounted rates on a sliding scale. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. Elective services are not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy Application.

How do I get Help with an Application?

For more help with a Financial Assistance Policy application, you may contact Customer Service at (269) 659-4446.

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application forms are available at the Sturgis Hospital switchboard, or Central Registration, or Emergency Registration station. Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by calling Patient Financial Services at (269) 659-4446.

What If I am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Patient Financial Services by telephone at (269) 659-4466.

Hospital Financial Assistance Approval Form

Patient Name _____

As of Date _____

	Facility	Physician	Total
Account Balance			
Patient Payments Made			
% Assistance Recommended			

	Months	Amount
Payment Plan		

Case narrative (include any patient history or situation relevant to determining appropriate Financial Assistance)

Required Attachments:

- Account histories from our system
- Financial Assistance Application
- Medicaid determination letter, Unemployment determination letter
- Note screens from system if relevant
- Tax documents (Complete Federal return)
- Bank statements

Approval Levels

- Chargemaster Coordinator Up to \$1,000
- PFS/PAS Director Over \$1,000
- CFO Over \$2,500

Approvals:

PFS Coordinator _____ Date: _____

PFS/PAS Director _____ Date: _____

Chief Financial Officer _____ Date: _____

