CRMC Financial Assistance – Plain Language Summary

Coffeyville Regional Medical Center

Financial Assistance Program – Plain Language Summary

The Coffeyville Regional Medical Center (CRMC) Financial Assistance Policy (FAP), exists to provide eligible patients partially or fully discounted emergent or medically necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below

What care is covered?

The program covers emergency and other medically necessary care given at the hospital by: - Coffeyville Regional Medical Center - Coffeyville Regional Medical Center Medical Group - Coffeyville Regional Medical Center Emergency Department - Green Country Physician Group 1

Elective (optional) care and care that is not medically necessary is not covered. 2

Who can qualify?

You may qualify if you: - Are a U.S. citizen or legal permanent resident; - Live in Montgomery County or within 50 miles of CRMC; and - Have household income at or below 400% of the Federal Poverty Guidelines. 3 2

You may qualify whether you have no insurance or still owe a balance after insurance pays. 3 You must first apply for any other coverage you may be eligible for, such as Medicaid. CRMC looks at your household size, your household income for the 3 months before your service, and some of your assets. 4

How much help can I get? 3

Household income (% of Federal Poverty Guidelines)	Discount on your bill
0% – 250%	100% (free care)
251% – 300%	75%
301% – 350%	50%
351% – 400%	25%

The income amounts for each household size are listed in Schedule A of the policy, available on our website or by calling the number below. 5 If you are approved, the discount lasts for 6 months from the date of service on your oldest eligible bill. 4

In some cases CRMC may approve free care without a full application – for example, if you receive SNAP (food stamps), WIC, or TANF, have a recent bankruptcy, or are homeless.

You will not be charged more than insured patients

If you qualify for financial assistance, you will not be charged more for emergency or other medically necessary care than the amounts generally billed to people who have insurance covering that care. 2

How do I apply?

You can get an application and apply: - **In person:** Admissions or Patient Financial Services, CRMC, 1400 W. 4th Street, Coffeyville, KS 67337 - **By phone:** 620-252-1549 - **By mail:** CRMC, 1400 W. 4th Street, Coffeyville, KS 67337 - **Online:** www.crmcinc.org 6

Include proof of income (such as pay stubs, W-2s, tax returns, or bank statements) and all other requested documents. Missing documents or false information may cause your application to be denied. 6 4

When to apply: Please apply within 30 days of your visit. Applications are accepted up to 240 days after the date of your first bill after discharge. 6

What happens after I apply?

You will receive a letter with the decision. If you are denied, you may appeal in writing within 14 days to: CRMC – Patient Financial Services, Financial Counselor, 1400 W. 4th Street, Coffeyville, KS 67337. 7

Free copies and help

Free copies of the Financial Assistance Policy, the application, and this summary are available: - Online at www.crmcinc.org [direct page URL]; - In person at Admissions and Patient Financial Services; and - By mail – call 620-252-1549 or write to the address above and ask for a copy. 6

For questions or help completing an application, contact a Financial Counselor in Patient Financial Services at 620-252-1549, 1400 W. 4th Street, Coffeyville, KS 67337. 2

Other languages: [This policy, application, and summary are available in [Spanish / other languages] upon request and on our website.]

Citations

Document Citations

[1] FAP.pdf - Pages 1

[2] FAP.pdf - Pages 2

[3] FAP.pdf - Pages 1, 2

[4] FAP.pdf - Pages 5, 6

[5] FAP.pdf - Pages 6, 7

[6] FAP.pdf - Pages 2, 3

[7] FAP.pdf - Pages 6