



**CHAMBERS MEMORIAL
HOSPITAL**

**PLAIN LANGUAGE SUMMARY
OF FINANCIAL ASSISTANCE POLICY**

Overview

CMH is committed to offering financial assistance to people who need emergency and other medically necessary care and are not able to pay for this care. You may be able to get financial assistance if you are not insured or underinsured and meet the eligibility requirements. You may also be able to receive financial assistance if paying your out-of-pocket expenses is seen as a financial hardship for you. CMH strives to make sure that the financial capacity of people who need health care services does not stop them from seeking or getting care. This is a summary of the CMH Financial Assistance Policy (FAP).

Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for the emergency and other medically necessary care you received at CMH. Please note that there are certain service exclusions that are not typically eligible for financial assistance.

Eligibility Requirements

Financial assistance is generally determined based upon need which is decided by a review of household income based on the *Federal Poverty Level (FPL)* and the amount of patient responsibility. If you and/or the responsible party's income combined is at or below 110% of the federal poverty guidelines, you will have no financial responsibility for the care given by CMH. If you fall between 111% up to 300%, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you already qualify for certain types of governmental aid we may, in certain cases, presume you are eligible for financial assistance. If you have sufficient insurance coverage or are determined to have enough income available to pay for your care, you may not be eligible for financial assistance. Please read the full policy for a complete explanation and details.

Where to Find Information

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance, you may:

- Download the information online at <http://www.chambershospital.com/patients/financial-assistance-policy.html>
Select English or Spanish Financial Assistance Policy and Application.
- Request the information or assistance in writing by mail to Chambers Memorial Hospital P.O. Box 639 Danville, AR 72833 Attention Financial Assistance Team.
- Visit our Billing Office at Chambers Memorial Hospital 719 Detroit Street Danville, AR 72833.
https://www.google.com/maps?hl=en&rls=com.microsoft:en-us:IE-SearchBox&rlz=1I7TSND&bav=on.2,or.r_gc.r_pw.r_qf.,cf.osb&wrapid=tlif133253349391510&q=719+detroit+street+danville+ar&um=1&ie=UTF-8&hq&hnear=0x87ccf30d692116bb:0x5e4c6853220ab359,Detroit+St,+Danville,+AR+72833&gl=us&ei=WdlsT_OZLcOG2gWHwY2TBg&sa=X&oi=geocode_result&ct=image&resnum=1&ved=0CB8Q8gEwAA
- Request information over the phone by calling us at 479-495-6355 during normal operating hours 8:00 a.m. to 4:30pm.

How to Apply

The application process involves filling out the financial assistance application and submitting it along with the supporting documents to CMH for processing. Financial assistance applications should be sent to the following office:

Patient Financial Services
Chambers Memorial Hospital
P.O. Box 639
Danville, Arkansas 72833

Or faxed to 479-495-6299 (Make sure you include a cover page and put to the attention of Patient Financial Services)