



PATIENT FINANCIAL SERVICES

POLICY & PROCEDURE

POLICY NUMBER:

PFS-F-01
Page 1 of 1

Effective Date: 08/23/2017
Revised Date: 08/22/2017, 01/25/2025
Review Date: 9/19/2023, 01/15/20225

FINANCIAL ASSISTANCE PLAIN LANGUAGE SUMMARY

APPROVED BY: Lona King, CFO **Date:** 01/15/2025

POLICY

Little Colorado Medical Center offers financial assistance through its Care Assistance Program to patients unable to pay for emergency or medically necessary care.

Eligibility Requirements and Assistance Offered

Eligibility for financial assistance is based on multiple factors, including condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets.

Patients must comply with the application process, including submitting tax returns, bank statements, and pay stubs, as well as completing the application process for all available sources of assistance, including Medicaid Assistance.

How to Apply for Assistance

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns during the patient’s care. The patient or responsible party will then be encouraged to complete a Financial Assistance Application.

Financial assistance is limited to medical care provided at Little Colorado Medical Center. Little Colorado Medical Center will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

Obtain Copies and Contact Information

Little Colorado Medical Center’s Care Assistance Program policy and application are available free of charge by contacting our Business Office at 1-928-289-6369 to request a copy by mail. They can also be accessed online at <https://www.lcmcwmmh.com/Patients---Visitors> for downloading and printing. Copies are additionally available at Outpatient Registration, the Emergency Department Registration, and the Business Office/Medical Records.

For further information about the program or assistance with the application process, you may call 1-928-289-6369, visit our Business Office, or access resources online at the link provided.

No More Than Amount Generally Billed (AGB)

A patient determined to be eligible for financial assistance may not be charged more than the amounts generally billed for emergency or other medically necessary care to patients who have insurance for such care.