

## NEOSHO MEMORIAL REGIONAL MEDICAL CENTER

**POLICY NAME:** FINANCIAL ASSISTANCE PROGRAM  
**DEPARTMENT:** HOSPITAL WIDE  
**DATE:** AUGUST 2, 2001  
**DATE REVISED:** OCTOBER, 2001; JANUARY, 2002; MAY, 2006; JANUARY, 2009;  
APRIL, 2010; NOVEMBER, 2011; NOVEMBER, 2013; MAY, 2014;  
OCTOBER, 2014; MARCH, 2015; JANUARY, 2016; JULY, 2018; **APRIL, 2020**  
**LAST REVIEWED:** **APRIL, 2020**  
**EFFECTIVE DATE:** **JAN, 2019**  
**POLICY NUMBER:** 500.03.003  
**APPROVAL:** BOARD OF TRUSTEES

### PURPOSE AND NON-DISCRIMINATION

Neosho Memorial Regional Medical Center, its employed physicians, owned clinics, **home health, hospice, ambulance** and ancillary services, (hereinafter referred to as NMRMC), are committed to providing Financial Assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government programs, or otherwise unable to pay for medically necessary care based on their individual financial situation.

~~Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised,~~ NMRMC strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. NMRMC will provide without discrimination, care for emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance. If any individual presents with an emergency medical condition, NMRMC will provide further medical examination and treatment as required to stabilize the medical condition and/or transfer of the individual to another medical facility without regard to ability to pay within the meaning of the Emergency Medical Treatment and Labor Act (EMTALA), section 1867 of the Social Security Act (42 U.S.C. 1395dd).

This written policy ~~includes:~~

- **Includes** eligibility criteria for financial assistance: ~~free and~~ **full or partially** discounted **care** ~~(partial) financial assistance~~
- ~~A description of~~ **Describes** the basis for calculating amounts charged to patients eligible for financial assistance under this policy
- ~~A description of~~ **Describes** the method by which patients may apply for financial assistance
- ~~A description of~~ **Describes** how NMRMC will ~~widely~~ publicize the policy within the community served by the hospital
- ~~A limit on the~~ **Limits** amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amount generally billed ~~to (received by) the hospital for~~ commercially insured or Medicare **insured** patients.

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Financial Assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with NMRMC's procedures for obtaining financial assistance or other forms of payment and to contribute to the cost of their care based on their individual ability to pay.

~~Patients who appear to qualify for State, Federal or other benefits that would cover all or part of their care must cooperate with the application process to be considered for financial assistance.~~ Individuals with financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to health care services, for their overall personal health, and for the protection of their individual assets.

In order to manage its resources responsibly and to allow NMRMC to provide the appropriate level of assistance to the greatest number of persons in need, the Board of Trustees established and approved the following guidelines for the provision of the Financial Assistance Program.

### FAP DEFINITIONS

For the purpose of this policy, the terms below are defined as follows:

**Financial Assistance:** Discounted care provided to patients who are uninsured for the relevant medically necessary service, ineligible for government or other charity care benefit, and unable to pay. NMRMC maintains two types of Financial Assistance, Financially Indigent and Medically Indigent.

~~A method to provide healthcare services free or at a discount (sliding scale attached) to individuals or families who meet the established criteria.~~

**Financially indigent:** The patient is uninsured and their yearly household income is less than or equal to 250% of the Federal Poverty Guidelines (FPG) based on the number of person(s) in their household.

**Medically Indigent:** The patient's medical or hospital bills from NMRMC and related providers, after payment by all third parties, exceeds 25% of his or her yearly household income, whose yearly household income is greater than 250% but less than 400% percent of the federal poverty guideline (FPG), and patient is unable to pay the outstanding patient account balance.

**Household:** ~~The definition of Household is~~ One or more people who reside together ~~is considered a household.~~ If the patient claims someone as a dependent on their income tax return, they may be considered a dependent (or part of the household) for purposes of the provision of financial assistance.

**Gross Household Income:** Gross Household Income is income before taxes, ~~etc.~~ are deducted and is determined by Federal poverty guidelines and includes the following: earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veteran's benefits/payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, annuities, ~~bank account income,~~ commissions, bonus', income from estates, trusts, educational assistance, alimony, child support, personal allowance, household expenses (rent, utilities, etc) in exchange for any type of services, self-employment records, and other miscellaneous sources.

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**Uninsured:** The patient has no level of insurance or third party assistance to assist with meeting payment obligations.

**Underinsured:** The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed financial abilities.

**Gross Charges:** The total charges at the organization's full established rates for the provision of patient care services before deductions from revenue are applied.

**Emergency medical conditions:** Defined within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd).

**Medically Necessary:** The definition of Medically Necessary is services or items reasonable and necessary for the diagnosis or treatment of illness or injury. **Medically necessary services does not include cosmetic surgery or procedures, fertility treatments, and infertility treatments (tubal ligation, vasectomy).**

### **POLICY FOR ELIGIBILITY**

#### ~~3.1 Healthcare Services Eligible for Financial Assistance Services~~

~~Emergency medical services provided in an emergency room setting; services for a condition which, if not promptly treated, would lead to an adverse change in the health status of an individual; non-elective services provided in response to life-threatening circumstances in a non-emergency room setting; and Medically necessary services.~~

#### ~~3.2 Healthcare Services Ineligible for Financial Assistance Services~~

~~Elective procedures such as cosmetic surgery, fertility treatment, infertility treatment (tubal ligation, vasectomy) are considered ineligible for financial assistance.~~

#### ~~3.3 Determination of Eligibility~~

~~Eligibility for financial assistance will be considered for those individuals who are~~

- ~~a) Unable to pay for their care based upon a determination of financial need in accordance with this policy~~
- ~~b) Uninsured~~
- ~~c) Underinsured~~
- ~~d) Ineligible for any of the payment sources determined in the screening process to include but not limited to: Medicaid, Crime Victims Compensation, COBRA Insurance, Early Detection program, auto insurance, workers' compensation insurance, SOBRA Insurance, Kansas TB Insurance coverage, Kansas High Risk Pool coverage, Medicare/Disability and Affordable Care Act Market Insurance.~~
- ~~e) Medicaid verified and eligible patients will presumptively qualify for FAP. Medicaid insured patients will qualify automatically for 100% eligibility for FAP.~~
- ~~f) In the event there is no evidence to support a patient's eligibility for financial assistance, NMRMC may use approved outside agencies in determining estimated income amounts for the basis of determining financial assistance eligibility and potential discount amounts. Presumptive eligibility may be determined on the basis of individual life circumstance.~~

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~~g) In addition to income and assets, NMRMC will also consider an option called Medical Hardship Financial Assistance, where a patient's medical bills are of such an amount that payment threatens the patient's financial survival. In such circumstances, the discount to be offered to the patient will be determined by NMRMC Administration.~~

~~Patients are required to cooperate with NMRMC and its Vendor in applying for or providing information necessary to apply for any assistance which would provide payment to NMRMC. Before Financial Assistance is offered to the patient(s), they are screened and counseled for all possible payment sources as noted in 3.3 d) above. Applicants who refuse to purchase federally mandated health insurance when they are eligible to do so will not be awarded financial assistance.~~

~~The determination of Financial Assistance should be made before providing services when possible. When pre-qualifying for financial assistance, a statement from the physician is required indicating medical necessity. If complete information on the patient's insurance or financial situation is unavailable at the time of service, or if the patient's financial condition changes, the designation of Financial Assistance may be made after rendering services. All efforts will be made to establish whether the patient is eligible for Financial Assistance before leaving NMRMC.~~

### 3.4 Confidentiality.

~~The need for Financial Assistance may be a sensitive and deeply personal issue for recipients. Confidentiality of information and preservation of individual dignity shall be maintained for all who seek charitable services.~~

### **Eligibility Criteria and Amounts Charged to Patients**

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity may be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Services eligible under this Policy may be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines in effect at the time of the determination. Once a patient has been determined by Hospital to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Hospital will charge patients qualifying for financial assistance is as follows, but not limited to:

1. Patients who are uninsured and whose family income is at or below 250% of the FPG are eligible to receive care at a fully discounted rate.
2. Patients who are uninsured or underinsured and whose family income is above 250% but not more than 400% of the FPG are eligible to receive services at discounted rates no greater than the amounts generally billed to commercially insured or Medicare patients.

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3. Patient who are uninsured or underinsured and whose family income exceeds 400% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Hospital. The discounted rates may not be greater than the amounts generally billed to (receive by the hospital for) commercially insured or Medicare patients for the patients deemed eligible.

### Presumptive Financial Assistance Eligibility

There are instances when a patient may appear eligible for charity care discounts, but there is no financial assistance form on file due to a lack of supporting documentation. Often there is adequate information provided by the patient or through other sources, which could provide sufficient evidence to provide the patient with charity care assistance. In the event there is no evidence to support a patient's eligibility for charity care, Hospital could use outside agencies in determining estimate of income amounts for the basis of determining charity care eligibility and potential discount amounts. Once determined, due to the inherent nature of the presumptive circumstances, the only discount that can be granted is a 100% write off of the account balance. Presumptive eligibility may be determined on the basis of individual life circumstances that may include, but are not limited to:

1. State-funded prescription programs
2. Homeless or received care from a homeless clinic
3. Participation in Women, Infants and Children programs (WIC)
4. Food stamp eligibility
5. Subsidized school lunch program eligibility
6. Eligibility for other state or local assistance programs that are unfunded (e.g., Medicaid spend-down)
7. Low income/subsidized housing is provided as a valid address
8. Patient is deceased with no known estate
9. Medicaid Program participants where coverage is denied for maximum confinement, or non-covered services
10. Bankruptcy declared and confirmed within the prior (12) months of hospital services being rendered
11. Any uninsured account returned from a collection agency as uncollectable

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12. Participation in Temporary Assistance for Needy Families (TANF) Program
13. Participation in Children's Health Insurance Program (CHIP)
14. Participation in Free lunch program at children's respective school
15. Participation in County Indigent Health Care programs
16. Hospital services provided with no history of payments
17. Patient has stated that he/she does not have the resources to pay
18. Patient has been given an indigent or charity care application but has not returned the application or the necessary documentation
19. The address on file is no longer a good address
20. Other factors that are useful in formation an expectation of payment

Patients who provide false information or who do not cooperate will not be eligible for charity care or discounted care assistance.

### APPLICATION PROCESS

**Application:** The attached application will be used by patients to apply for Financial Assistance from NMRMC. Patients must fully complete and submit the application for financial assistance along with all required personal information, financial information, and any other information and documentation required and/or requested, to make a determination of financial need. The need for financial assistance shall be re-evaluated at each subsequent time of service and application updated. Additionally, patients are screened and counseled again for all possible payment sources as noted in 3.3 d) above. If the patient does not submit relevant information that could affect eligibility status within the 240 day eligibility period, this may result in denial of financial services depending on the nature of the information.

Requests for Financial Assistance must be submitted within 30 days from the receipt of the application and shall be processed promptly by NMRMC. NMRMC will notify the patient or applicant in writing of the approval or denial.

Patients who do not have insurance may qualify for Financial Assistance based on their gross monthly or annual income and their family size. Patients having insurance may also be eligible based on their gross

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monthly or annual household income and their family size for the portion of their bill that is not covered by insurance, including deductibles, coinsurance, and non-covered services.

### 4.2 ~~Application Assistance~~

NMRMC staff will provide upon request, application assistance and/or translation services per Case Management Policy # 709.032 titled INTERPRETERS.

### 4.3 ~~Application Availability~~

NMRMC shall provide anyone who requests information regarding the Financial Assistance Program a plain language summary, application form, (and copy of the FAP policy if requested). Additionally, the application and policy can be obtained in any of the following manners: NMRMC website ([www.NMRMC.com](http://www.NMRMC.com)), mail request, in person at Registration and/or ER Registration. See section 8.1 for additional methods of obtaining financial assistance information.

### 4.4 ~~Notification Period~~

The notification period starts with the date care is provided and ends 120 days after the date of the first statement. NMRMC will not engage in Extraordinary Collection Activities (ECA) until the end of the notification period, which is 120 days after the date of the first statement and UNLESS FAP eligibility has been determined. During the notification period, NMRMC will send three statements detailing FAP availability and a “final notice” which provides at least 30 days for the patient to respond and apply for financial assistance. Extraordinary Collection Activity (ECA) will start at the 121<sup>st</sup> day IF FAP application is not received. ECA is defined as anything that requires a legal or judicial process (including wage garnishment, liens, lawsuits, etc.); reporting adverse information to credit bureaus; and selling a debt. NMRMC will cease ECA if the patient chooses to apply within 240 days from date of the first statement for accounts where the patient has not applied yet for financial assistance.

## APPLICATION REVIEW PROCESS

**Financial Assistance Review:** Once the completed application and documentation are received, NMRMC will:

1. Initiate a screening for 3<sup>rd</sup> party and/or any possible payment coverage based on information within the application completed by patient(s). Patient will be contacted if another possible type of payment coverage is determined and will be required to apply for it.
2. If patient is not eligible for 3<sup>rd</sup> party or other payment coverage, the application and required documentation will be analyzed (per procedure) to make a determination of financial assistance eligibility.
3. Eligibility Criteria for NMRMC is based on Household size and Gross Total Household Income. Services eligible under this policy will be made available to the patient at a rate up to 100% and decreasing on a sliding fee scale **based on following percentage in relation to the poverty guidelines**, in accordance with financial need.



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HHS Poverty Guidelines	Percentage Adjustment
At or below 250%	100%
Between 251% and 275%	85%
Between 276% and 300%	70%
Between 301% and 325%	55%
Between 326% and 350%	40%
Between 351% and 375%	25%
Between 376% and 400%	10%
Over 400%	0%

- ~~If documentation or information is missing that is required to make the FAP eligibility determination, an Appeal form and letter of explanation is mailed to the applicant(s) with a deadline for remittance.~~
- ~~If the applicant(s) does not meet the remittance deadline, then the applicant becomes ineligible for the accounts being considered for FAP and is sent a letter of notification.~~
- ~~The applicant is not prohibited from applying for financial assistance for future dates of service.~~
- ~~Upon approval of financial assistance, it will be determined if the patient has made payments and if so, amounts paid will be refunded.~~

**Financial Information:** The Medical Center **NMRMC** retains the right to offer financial assistance only if the patient completes a financial assistance application and supplies other information requested and required by the Medical Center **NMRMC**. A variety of information may be requested by the Medical Center **NMRMC** to substantiate financial circumstances, such as paycheck stubs, W-2 forms, income tax returns, unemployment, child support documentation, disability statements, employment verification from the patient's employer, etc. If those items are unavailable, a letter of support from individuals providing for the patient's basic living needs might be accepted.

#### 5.4 Asset Exemption:

~~The residence where a patient and/or the patient's family resides, automobiles needed to transport all working parties to and from work, savings accounts with less than two months income and retirement accounts with less than \$50,000 are always exempted from consideration as assets in considering whether the patient meets the Financial Assistance financial criteria.~~

**Timing:** Processing for the application time is 240 days starting with the day patient bill is submitted to the individual or responsible party. If the patient is not mailed a bill due to Medical Center **NMRMC** administrative reasons, the 240 day processing will start immediately after insurance pays or if the patient doesn't have insurance, it will start the date of the patient's discharge. ~~The Medical Center~~ **NMRMC** will continue processing the application throughout this time period until it is complete.

**Approval:** Approval and authorization of individual Financial Assistance write-off will require two signatures and the Medical Center's **NMRMC's** decision will be made by the following individuals:



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- Amount to be approved and written off in Financial Assistance Category <\$1,500.00 = Patient Financial Services Director
- Amount to be written off in Financial Assistance Category ≥\$1,500.00 = CFO/CEO

**Approval Notification:** The patient shall be notified in writing within ten (10) working days after receipt of the Financial Assistance application and any supporting materials as to whether the patient qualifies for the Financial Assistance Program. When the patient is notified that s/he is eligible for Financial Assistance, the patient shall receive a letter that states Financial Assistance has been approved.

### ~~6.3 Expired Patients.~~

~~Patients who have died and have no estate or no other financial assets are deemed to have no income for the purpose of determining Financial Assistance eligibility.~~

**Denial & Appeal:** If a patient is denied Financial Assistance, the patient will be informed in writing within a reasonable amount of time of the denial. All reason(s) for denial shall be provided at that time and the patient shall be informed of the appeal process.

### 6.5 Appeal.

Each patient denied Financial Assistance may petition the Medical Center **NMRMC** within thirty (30) days for reconsideration based on extenuating circumstances. The patient will be notified of the appeal process in the correspondence informing the patient of the Financial Assistance denial.

~~6.6 If a Medicaid application is pending and the patient qualifies for Financial Assistance through the Medical Center, the accounts will be written off. When final determination of Medicaid is known and NMRMC receives reimbursement from Medicaid, appropriate action to account balances will be taken by Patient Account Representative.~~

~~6.7 Uninsured patients will be required to meet with the NMRMC Navigator to determine eligibility for Marketplace Insurance (provided through the Affordable Care Act) after approval or denial prior of FAP, prior to applying for financial assistance through NMRMC for subsequent dates of service. Applicants who refuse to purchase federally mandated health insurance when they are eligible to do so will not be awarded financial assistance.~~

## 7. BILLING AND COLLECTION PRACTICES

### 7.1 Reasonable Collection Efforts

~~Reasonable Collection Efforts include screening for possible payment sources, then subsequently notifying the patient about FAP, if ineligible for other payment sources. Additionally, providing patients who submit incomplete FAP applications with the information they need to complete it; and making and documenting determination of eligibility when a complete application is received. NMRMC will not impose extraordinary collection actions such as wage garnishments; liens on primary residences, or other legal actions for any patient without first making reasonable efforts to determine whether that patient is~~

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~~eligible for Financial Assistance under this policy. Reasonable efforts shall include: validating that the patient owes the unpaid bills and that all sources of third party payments have been identified and billed by the hospital; documentation that NMRMC has attempted to offer the patient the opportunity to apply for FAP pursuant to this policy and that the patient has not complied with NMRMC's application requirements; documentation that the patient has been offered a payment plan but has not honored the terms of that plan.~~

### ~~7.2 Notification of FAP~~

~~Notifying a patient about FAP is further defined as:~~

- ~~a) providing patients a plain language summary of the FAP and offering a FAP application form (and copy of policy if requested) upon registration;~~
- ~~b) including information regarding FAP availability on 3 billing statements during the notification period~~
- ~~e) providing at least one written notice 30 days before the end of the notification period that describes extraordinary collection efforts the hospital or authorized third party may take if an FAP application or payment is not received by the end of the notification period~~
- ~~d) attempting to inform patients about FAP in oral communications about their bill during the notification period~~
- ~~e) Widely publicizing availability of FAP as noted in section 8.1 of this policy.~~

### ~~7.3 Amount Generally Billed (AGB)~~

~~Patients who are uninsured or under insured, and qualify for Financial Assistance, must be charged less than gross charges for any care they receive, and no more than the amount generally billed (AGB) to insured patients for emergency or medically necessary care. NMRMC utilizes the **look-back method** for the prior fiscal year activity to calculate AGB. The look back method, which is based on actual claims paid by Medicare fee for service and Medicare beneficiaries, or by Medicare fee for service, Medicaid (HMO/Managed Care), plus all private health insurers (including Medicare Advantage) and their beneficiaries.~~

## ~~8. MEASURES TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICY~~

### ~~8.1 Communication and Publication of Financial Assistance Program Availability~~

~~All information provided to the patient regarding the Financial Assistance Program will be documented in the patient's financial record.~~

~~NMRMC will advise patients and their families of Financial Assistance through the following means:~~

- ~~a) Upon pre registration or registration at NMRMC and any clinic that does its own Registration of patients. The patient or authorized person will be required to sign an acknowledgement form indicating that they have been informed of the Financial Assistance Program.~~
- ~~b) Patients will be advised of FAP availability through direct patient contact or via telephone.~~

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- ~~e) Signage detailing notice of availability of Financial Assistance will be posted in the NMRMC registration/waiting area, Clinic registration/waiting area, and Emergency Departments/waiting area.~~
- ~~d) Notices of FAP availability will be printed on patient bills.~~
- ~~e) Notice of availability of policy and application will be posted on the hospital's website and both will be downloadable and printable. [www.NMRMC.com](http://www.NMRMC.com).~~
- ~~f) Availability of FAP will be posted annually in the local paper.~~
- ~~g) Availability of FAP will be placed in the patient admission packet.~~
- ~~h) Availability of FAP will may be provided by NMRMC, Home Health, & Hospice, Case Managers and Social Workers.~~
- ~~i) Information detailing FAP and application process will be included in the patient handbook.~~
- ~~j) Collection agencies affiliated with NMRMC will be informed of our FAP policy and will be provided with the specific FAP documents in order to screen patients and assist with the application process.~~
- ~~k) A designated staff member for the Financial Assistance Program will provide basic and/or detailed information on the Financial Assistance Program in person and/or over the phone.~~

### 8.2 Translation.

All pertinent documents and informational materials related to the Financial Assistance Program will be provided in English and Spanish.

## 9. RECORD KEEPING

### 9.1 Internal Recording.

The following documentation in the patient's financial record is required for each account considered for FAP:

- ~~a) document the date the patient was supplied with the FAP application and due date for return~~
- ~~b) track the deadline for return of the application~~
- ~~c) document the FAP decision~~
- ~~d) document a denial if the application is never returned or never fully completed~~
- ~~e) document the prior and forward service dates approved~~
- ~~f) document that the patient was notified of the approval or denial~~
- ~~g) For uninsured patients, document the written notification that application must be made for Marketplace insurance for future dates of service at NMRMC or its clinics.~~

### 9.2 Control Number

All Financial Assistance applications will be logged in the Financial Assistance control log and will be given a sequential control number. The completed applications will be kept on file for seven (7) years.

### 9.3 Accounting

Financial Assistance shall be recorded using the direct write-off method.

## 10. REPORTING

NMRMC shall provide a copy of the Financial Assistance Program and report the amount of Financial Assistance provided in cost and charges in its annual financial statements.

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**Communication of the Charity Program to Patients and Within the Community**

Notification about charity care available from NMRMC shall be disseminated by NMRMC by various means, which may include, but are not limited to, the publication of notices in patient bills and by posting notices in emergency rooms, in the Conditions of Admission form, at admitting and registration departments, and patient financial services offices that are located on the NMRMC's campuses, and at other public places as NMRMC may elect. NMRMC may also provide a summary of this charity care policy on facility websites, in brochures available in-patient access sites and at other places within the community served by the hospital as NMRMC may elect. Such notices and summary information shall be provided in the primary languages spoken by the population serviced by NMRMC. Referral of patients for charity may be made by any member of the NMRMC's staff or medical staff, including physicians, nurses, financial counselors, social workers, case managers, chaplains, and religious sponsors. The patient or a family member, close friend, or associate of the patient, subject to applicable privacy laws, may make a request for charity.

**Approved by:**

\_\_\_\_\_  
Chairman, Board of Trustees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary, Board of Trustees

\_\_\_\_\_  
Date

**NEOSHO MEMORIAL REGIONAL MEDICAL CENTER**

**NEOSHO MEMORIAL REGIONAL MEDICAL CENTER  
FINANCIAL ASSISTANCE PROGRAM SLIDING SCALE  
EFFECTIVE JANUARY 1, 2015**

<b>If your family size is:</b>	<b>And, your family income is at or below:</b>										
1	\$17,655	\$20,773	\$24,040	\$27,308	\$30,575	\$33,843	\$37,111	\$40,378	\$43,646	\$46,680	\$11,670
2	\$23,895	\$27,999	\$32,404	\$36,808	\$41,213	\$45,617	\$50,021	\$54,426	\$58,830	\$62,920	\$15,730
3	\$30,135	\$35,226	\$40,767	\$46,309	\$51,850	\$57,391	\$62,932	\$68,473	\$74,015	\$79,160	\$19,790
4	\$36,375	\$42,453	\$49,131	\$55,809	\$62,487	\$69,165	\$75,843	\$82,521	\$89,199	\$95,400	\$23,850
5	\$42,615	\$49,680	\$57,495	\$65,309	\$73,124	\$80,939	\$88,754	\$96,569	\$104,383	\$111,640	\$27,910
6	\$48,855	\$56,907	\$65,858	\$74,810	\$83,761	\$92,713	\$101,665	\$110,616	\$119,568	\$127,880	\$31,970
7	\$55,095	\$64,133	\$74,222	\$84,310	\$94,399	\$104,487	\$114,575	\$124,664	\$134,752	\$144,120	\$36,030
8	\$61,335	\$71,360	\$82,585	\$93,811	\$105,036	\$116,261	\$127,486	\$138,711	\$149,937	\$160,360	\$40,090
Discount	100%	90%	80%	70%	60%	58%	58%	58%	58%	58%	58%
% of Poverty Level	150%	178%	206%	234%	262%	290%	318%	346%	374%	400%	

Will be updated annually.

For families / households with more than 8 persons,  
add \$4,060 for each additional person.