

Clinch Memorial Hospital Financial Assistance Summary Information

Financial Assistance Policy (FAP)- Plain Language Summary (PLS)

Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully discounted emergent or medically-necessary hospital care. Patient seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services- Emergent and/or medically necessary healthcare services provided and billed by hospitals affiliated with Escambia County Healthcare Authority. The FAP only applies to services eligible for financial assistance which are emergent or other medically necessary hospital care. The FAP does not cover non-hospital services (e.g. Emergency Room Physicians, Radiologists, Pathologists, Anesthesiologists or any Specialist Services which Clinch Memorial Hospital may provide.) See Appendix A for a complete list of Covered Providers.

Eligible Patients- Patient receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by Escambia County Healthcare Authority.

HOW TO APPLY- Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at each hospital's main Registration desk or Emergency Room desk or by following this link: <https://clinchmh.org/wp-content/uploads/2024/08/Financial-Assistance-Application-w-Logo-FINAL.pdf>
- Request an application be mailed to you, by calling (912) 487-5211
- Mail completed applications (with all documentation/information specified in the application instructions) to: Patient Financial Services (PFS), Attn: Financial Counselor, P.O. Box 516, Homerville, GA 31634

Determination of Financial Assistance Eligibility- Generally, Eligible Patients are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 300% of the Federal Government's Federal Poverty Guidelines, complete FPG found at: <https://aspe.hhs.gov/poverty-guidelines>

Eligibility for FA, means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons (AGB, as defined by IRS Section 501.r. Financial Assistance levels, based solely on Family income and FPG, are:

Family Income at 0 to 200% of FPG	Full Financial Assistance; \$0.00 is billable to patient
Family Income above 200% to 300% of FPG.	Partial Financial Assistance; AGB is max billable to patient.

FAP-eligible individuals are never billed gross charges for any hospital service.

Note: If no Family Income is reported, information will be required as to how daily needs are met. The FAC review submitted applications which are complete and determines FAE in accordance with the FAP. Incomplete applications are not considered, but applicants are notified and give an opportunity to supply missing information.

If you need financial assistance or have additional questions you may call or visit our Financial Counselor located at:

**CMH Patient Financial Services
1050 Valdosta Highway, Homerville, GA 31634
(912) 470-2528**