

## *Financial Assistance Policy – Summary*

### **Financial Assistance Offered**

Anderson Regional Medical Center is committed to providing high quality compassionate care to its patients. As part of its commitment the Hospital offers financial assistance to patients who are without financial means to pay for emergency and medically necessary care through its FA policy. All patients will be subject to the Hospital's Co-Pay requirements. Individuals 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.

### **Eligibility Requirements and Assistance Offered**

Eligibility is determined using a number of factors. Patients are evaluated to determine if they qualify under presumptive eligibility. ARHS understands that certain patients may be unable to complete a Financial Assistance Application. As a result, the patient's eligibility for financial assistance will be established using externally available third-party data sources. The criteria from this source would include using the Federal Poverty Guides and Income scoring. An affordability calculation is used to determine eligibility. In addition Presumptive Financial Assistance will be granted to individuals with an unknown identity, decedents with no family or estate, and homeless person. When a patient completes a Financial Assistance Application the same affordability calculations are used to determine eligibility. Applications are reviewed within 30 working days.

Patients must provide the required information set forth on the financial assistance application. Incomplete applications will not be processed. Applicants will be notified if the application is determined to be incomplete to provide the applicant with additional time to submit information.

Financial assistance will be available to both uninsured and insured patients who meet the eligibility requirements for financial assistance. Patients will receive financial counseling and referrals to public and private health coverage to assist with long-term care.

### **How to Apply for Assistance**

Electronic copies of the financial assistance policy and financial assistance application can be accessed on the Anderson Regional Medical Center website at: [www.andersonregional.org](http://www.andersonregional.org). Paper copies are available free of charge in person and by mail at: Patient Financial Services, 2124 14<sup>th</sup> Street, Meridian, MS 39301. Paper copies are also available in the Admissions Office and in the Emergency Department.

Applications must be submitted within 240 days after the first post-discharge billing statement. All applications should be submitted to Anderson Regional Medical Center. Applications may be delivered in person or submitted by mail to Patient Financial Services, 2124 14<sup>th</sup> Street, Meridian, MS 39301. Applications are reviewed within thirty working days. Incomplete applications are not considered and applicants are notified if their application is incomplete and given two weeks to send in the missing documentation.

### **Contact for Information and Assistance**

For more information and assistance with the financial assistance policy or application please contact Patient Financial Services:

- Online at [www.andersonregional.org](http://www.andersonregional.org)
- Call 601-553-6850
- Visit Patient Financial Services at 1020 20th Avenue, Meridian, MS 39301

### **For Non-English Speakers**

Spanish translations of this summary, the financial assistance policy and application are available through Patient Financial Services at the address listed above and online at: [www.andersonregional.org](http://www.andersonregional.org).