



Plain Language Summary of Hospital Financial Assistance Policy (FAP)

Southern Coos Health District (SCHD) is committed to providing Financial Assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. Financial assistance determinations are based on a review of each individual's financial situation and eligibility criteria within SCHD's Financial Assistance Policy (FAP).

Financial Assistance Policy Guidelines: Financial assistance is only offered for emergency medical care and medically necessary care. The care must be provided and billed by SCHD and/or a SCHD provider. The definition of "medically necessary" is based on rules that apply to the Medicare program.

- Financial Assistance is not available for elective procedures, supplies, and services are not medically necessary
- SCHD only is able to grant Financial Assistance for services billed by SCHD and (with the exception of emergency care) for residents from the SCHD service area
- SCHD determines eligibility after reviewing information submitted in the SCHD application for Financial Assistance and after reviewing required documentation
- Patients and households are expected to exhaust other payer resources for which they are eligible, including governmental payers such as Medicaid, before SCHD can provide Financial Assistance

Required Documentation to apply for Financial Assistance:

- A SCHD Application for Financial Assistance must be completed and signed and applicants must provide the following documentation;
 - ❖ Copies of previous year's Federal Tax Return (Form 1040 or equivalent), including all schedules
 - ❖ Documentation of current income, if any. For example, the last 3 months pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veteran's benefits, etc
- If a person has no source of income, a letter of hardship and/or a letter of support is required.
- Other documents may be requested by SCHD to validate information on the Application.

Eligibility Criteria:

- Financial assistance will be provided to an applicant is below levels described in the SCHD FAP. Annual gross income includes amounts earned by the applicant and all family members living in the applicant's household
- Patients whose annual income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive full financial assistance (100%)
- Patients whose annual income is above 200% but less than 251% of the FPL are eligible for a discount of 75%; patients whose annual income is above 250% but at or below 300% of the FPL are eligible for a discount of 50%
- Services will be discounted so that patients eligible for Financial Assistance are billed no more than Amounts Generally Billed by SCHD to those with insurance

How Do I Get Copies of the Financial Assistance Policy and Application?

- Copies of the Financial Assistance Policy and Application are available on-site at SCHD upon request, are available on the SCHD website – www.southerncoos.org or by contacting the SCHD Billing office (see below)
- All documents are provided free of charge, and can be mailed upon request
- To get copies of these documents, you can contact the SCHD Billing Office.

What If I Have Questions or Need Help Filling Out the Application? Contact the SCHD Billing Office by calling (541)347-2426 or visit in-person at: 900 11th St SE, Bandon OR 97411