

FINANCIAL ASSISTANCE POLICY

REVISED: November 2020

Approved by: Barry Davis, CEO

Arkansas Methodist Medical Center Board

Date 11/24/2020

Barry Davis, CEO

Bob Hodge, Chairman of Board for AMMC

**FINANCIAL ASSISTANCE PROGRAM
ARKANSAS METHODIST MEDICAL CENTER
900 WEST KINGSHIGHWAY
Paragould, AR 72450
(870) 239-7133**

Arkansas Methodist Medical Center is a charitable, non-profit organization providing health care services for the community benefit of Paragould, AR and surrounding areas. AMMC must collect payment for services it provides in order to remain financially viable and continue to provide for health care needs of the community for the future. However, AMMC recognizes that not all patients have the ability or resources to pay for the health care services they receive. In keeping with its charitable mission, AMMC has developed a financial assistance program to provide health care services for these patients. These financial assistance program guidelines are for the purpose of identifying those patients who qualify for the program.

It is the intent of AMMC to apply these financial assistance program guidelines equally in all circumstances and not discriminate based upon a patient's race, religion, national origin, etc. However, due to the wide variety of circumstances that can affect a patient's ability to pay for services, AMMC retains the right to use discretion and depart from these guidelines in order to provide a reasonable and equitable resolution in any individual case. AMMC specifically retains the right to deny charity care to any patient that is uncooperative in providing information that is requested by AMMC to assist in the decision-making process.

There are two types of situations that generally result in a patient qualifying for financial assistance care. The first is the underinsured or uninsured patient who has limited financial resources with which to pay for urgent or emergent health care services. The second situation is the patient who may have financial resources with which to pay for urgent or emergent health care services but not for major, catastrophic health care services. **This discount will be applied to gross charges. Eligible individuals will not be charged more than amounts generally billed.**

When a decision is made to provide financial assistance care to a patient, AMMC will consider three months (3) prior from date of approval of unpaid patient's accounts that are still in a current billing status to determine if they should be covered by the financial assistance care decision. A final assistance decision will be effective for no more than three (3) months. Services provided during that time period will be covered. **Upon an approval the services will be covered services: Physicians Services Group, ER Physicians Group, Paragould Ambulance and Paragould Anesthesia Group. It does not cover Bard Radiology Group charges**

When a denial decision has been made through the AMMC financial assistance program, the patient has the right to appeal in writing the original decision. At that time, the

patient will need to supply AMMC with any additional information that would be vital in reversing the denial decision.

For all **uninsured** patients, AMMC will allow a forty percent (**40%**) **private pay discount**. An additional ten percent (**10%**) will be given if the patient can pay the entire balance in the first 45 days of discharge. Discounts will not apply to any co-pays and only on deductible amounts over \$1484.00(2021 Medicare Deductible)

AMMC FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE PROGRAM 2021

FAMILY SIZE	2021 POVERTY GUIDELINE	150% GUIDELINE ALLOWANCE	200% GUIDELINE ALLOWANCE
	100% Adjustment	100% Adjustment	50% Adjustment
1	\$12,880	\$19,320	\$25,760
2	\$17,420	\$25,950	\$34,840
3	\$21,960	\$32,940	\$43,920
4	\$26,500	\$39,750	\$53,000
5	\$31,040	\$46,560	\$62,080
6	\$35,580	\$53,370	\$71,160
7	\$40,120	\$60,180	\$80,240
For each additional family member, add	\$4,540		

If you are granted approval for Financial Assistance your approved status will be good for the previous Ninety (90) days **from approval date** and Ninety (90) days **after approval date**.

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P O BOX 339
PARAGOULD AR 72450**