



## **COLUMBUS COMMUNITY HOSPITAL FINANCIAL ASSISTANCE POLICY SUMMARY**

It is the policy of Columbus Community Hospital (the “Hospital”) to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the Hospital.

### **PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE**

To receive financial assistance under the Financial Assistance Policy (the “Policy”), you must be financially and/or medically indigent.

#### **Financially Indigent**

To be “financially indigent,” you must be uninsured or underinsured and have a household income equal to or less than 200% of Federal Poverty Level (“FPL”). If you qualify as “financially indigent,” financial assistance will be provided based on a sliding fee scale comparing household income to a percent of FPL as set forth in the Policy.

AND/OR

#### **Medically Indigent**

To be “medically indigent”, you must have medical bills from the Hospital that exceed 30% of your annual household income. If you qualify as “medically indigent,” you will be responsible for your Hospital bills up to this amount and/or CCH’s catastrophic amount and the remaining amount will be considered financial assistance.

If you are eligible for financial assistance, you will not be charged more than amounts generally billed to patients who have health insurance. You may be given more financial assistance if the discount for which you qualify does not satisfy this requirement.

### **HOW TO APPLY**

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to Patient Financial Services at Columbus Community Hospital, PO Box 1800, 4600 38<sup>th</sup> Street, Columbus, NE 68602-1800.

A copy of the Policy and a financial assistance application may be obtained at no charge by going to the Hospital’s website, [www.columbushosp.org](http://www.columbushosp.org) or by visiting the Hospital’s Registration Desk, the Emergency Room Desk or Patient Accounts Office. The Policy and a financial assistance application may also be sent to you by mail, free of charge, by contacting Patient Accounts at 402-562-3159 or [patientaccounts@columbushosp.org](mailto:patientaccounts@columbushosp.org).

### **FURTHER INFORMATION & ASSISTANCE WITH APPLYING**

If you have questions about financial assistance or need assistance with applying for financial assistance, you may contact the Patient Accounts Department at Columbus Community Hospital, PO Box 1800, Columbus, NE 68602-1800 (402-562-3159).

Translated copies of this summary, the Policy and Financial Assistance application are available upon request from Patient financial Services in the following languages: English and Spanish.