



Centralia | Corning | Frankfort | Holton | Onaga | St. Marys | Westmoreland

## **Financial Assistance Policy Plain Language Summary**

### **Overview**

Community HealthCare System, Inc is committed to offering assistance to patients who have health care needs and may be unable to pay for all or part of their care. This program is designed to assist patients that are medically or financially in need of assistance in paying for their health care expenses.

### **Eligible Services**

Emergent and medically necessary services provided by Community HealthCare System, Inc are covered under this financial assistance policy.

### **Eligibility Requirements**

Financial Assistance is determined by a sliding scale of total household income based on Federal Poverty Guidelines. The percent of discount received once the application is approved will be determined by the total household income and number of household members. The discount may be 25% discount up to 100% discount to the patient account balance once the financial assistance application is approved. This policy will allow for a financial assistance discount for patient household incomes that are up to 250% of Federal Poverty Guidelines. No person eligible for financial assistance under the financial assistance policy will be charged more for medically necessary or emergency services than amounts generally billed to individuals who have insurance coverage. Financial assistance can be applied to any self-pay or self-pay after insurance balance.

### **How to Apply**

The Financial Assistance information about the policy and application can be obtained at no charge at any of the locations listed below in both English and Spanish:

- The application, the Financial Assistance Policy and Billing and Collection Policy can be printed/downloaded from the Community HealthCare System, Inc Website: [www.chcsks.org](http://www.chcsks.org)
- Applications can be obtained at any of our locations or by contacting the Business Office at 785-889-4657 option 3
- Applications can be requested by mail to  
Community HealthCare System  
Po Box 460  
Onaga, KS 66521