



# Columbus Regional Health

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

The mission of Columbus Regional Health is to promote the Health and healing of our patients. With this mission in mind we provide free or discounted emergency and other medically necessary care to patients who do not have insurance and who qualify for assistance under our Financial Assistance Policy. Certain exclusions apply, including, for example, elective services, balances covered by other funding sources, and failure to cooperate in securing alternative funding sources.

This document is only a summary. Please refer to the Financial Assistance Policy for complete details.

### **Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy**

Patients who qualify for assistance are eligible for income-based, sliding scale discounts for emergency and other medically necessary care. In general:

- Uninsured patients whose family income is equal to or less than 200% of the Federal Poverty Guidelines are generally eligible for free emergency and medically necessary care.
- Uninsured patients whose family income is between 200% and 300% of the Federal Poverty Guidelines generally receive a sliding scale discount ranging from **25%** to **100%** for emergency and other medically necessary care.

A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for emergency or medically necessary care than amounts generally billed to patients having insurance covering such care.

### **How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application**

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request by writing to **Financial Resource Center (133) P.O. BOX 951 Columbus, Ga 31993**. Copies can also be found in the emergency room and admission areas of the hospital. These documents may be found online at <http://columbusregional.com/>

Further information about the Financial Assistance Policy and assistance with the application process are available from a Patient Service Representative via phone at **706-571-1672** or in person at **Columbus Regional Health 700 Center Street, Professional Tower (Suite 102) Columbus, Ga 31901**.

### **How to Apply for Assistance Under the Financial Assistance Policy**

To apply for financial assistance, please submit a complete Financial Assistance Application with supporting documents to **Financial Resource Center 133 P.O. BOX 951 Columbus, Ga 31993**.