

SUMMARY OF UNCOMPENSATED CARE POLICY HOSPITAL DISTRICT NO. 6 OF HARPER COUNTY, KS

Hospital District No. 6 of Harper County, KS is dedicated to serving everyone regardless of age, race, color, religion, sex, national origin, or ability to pay. Hospital District No. 6 of Harper County, KS recognizes that not all patients have the financial resources to pay their medical expenses. Hospital District No. 6 of Harper County, KS has set the following policies and procedures for those patients who do not have the ability to pay their medical expenses. Below is a summary of the policies and general procedures to the Uncompensated Care Policy.

POLICIES:

1. Hospital District No. 6 of Harper County, KS will provide a discount (up to 100%) from the hospital or clinic charges for emergency or medically necessary health care services to patients who demonstrate limited financial resources or payment of part of all of the self-pay balance would be impossible or cause financial hardship.
2. For those who seek financial assistance at Hospital District No. 6 of Harper County, KS confidentiality of information will be maintained. Hospital District No. 6 of Harper County, KS respects and values the dignity of all patients and their families.
3. If the amount requested for uncompensated care is \$2,000 or less the determination of approval will be made by the Patient Account's Manager and the CFO. If the amount exceeds \$2,000 the application will go to the Finance Committee for approval.

GUIDELINES/PROCUDURES:

1. A patient may qualify under this policy for free emergency or other medically necessary services when the combined Household Income of the account guarantors or members of the patient's household are equal to or less than 125% of the current Federal Poverty Guidelines.
2. A patient may qualify under this policy for discounted emergency or other medical necessary services when the combined Household Income of the account guarantors and other members of the patient's household is in excess of 125% but equal to or lower than 200% of the Federal Poverty Guidelines.
3. Hospital District No 6 of Harper County, KS will not charge patients approved for Financial Assistance under this policy for emergency or other medically necessary services more than the Amounts Generally Billed to individuals who have insurance. The amount charged to a patient will be determined after applying all deductions, discounts, and amounts paid by insurers.
4. The Federal Poverty level information most currently available will be used to determine patient's eligibility to receive uncompensated care assistance under this policy.

5. The patient must complete an uncompensated care application and provide the requested supporting documentation in order to be considered for uncompensated care. If the application is not complete or missing documentation personnel will notify the patient of the missing information in writing. The patient must submit the missing information within no more than 15 business days of the request. The application and supporting information should be returned to the addresses below.

For a full copy of the Uncompensated Care Policy or application please visit our website at www.hhd5.com or contact the business office. Please refer to them any questions you have.

**Anthony Campus
1101 E Spring St
Anthony, KS 67003
620-842-5111 ext. 121**

**Harper Campus
700 W. 13th St.
Harper, KS 67058
620-896-7324 ext. 291**