

# Medical Financial Assistance Plain Language Summary

#### Overview

In fulfilling its charitable mission, Halifax Regional recognizes that medical care is needed for patients who are unable to pay for part or all of their hospital care and qualify for help under our Financial Assistance policy. Patients will be informed about financial assistance during the registration process, by a financial counselor or in writing during the billing and collections process. We are committed to serving the healthcare needs of our community.

### **Availability of Financial Assistance**

We offer Medical Financial Assistance for anyone who qualifies and may have a problem paying their bill. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including but not limited to cosmetic or other elective services.

## **Eligibility Requirements**

Our Medical Financial Assistance Program provides for the review and validation of financial information provided by the applicant to determine if guidelines are met. The application period is the period during which Halifax Regional will accept and process an application and begins on the date of hospital service and continues for 365 days, (12 months) after patients are discharged from the hospital. We use the Federal Poverty Guidelines to determine the qualifications and assistance for each applicant on a sliding scale basis up to 100% of the charges. If you and/or the responsible party's proof of income combined are at or below 200% of the federal poverty guidelines, you will have no financial responsibility for the care given. If you fall between 200 and 250% you may qualify for a discounted rate for the care given by the hospital. Patients that are eligible for financial assistance may not be charged more than the amount generally billed for emergency or other medically necessary care.

#### Where to find information

There are several ways to find information about the Financial Assistance Program application process. To apply for financial assistance: The financial assistance policy summary is available at the registration areas of the hospital, and copies of the financial assistance policy and application may be downloaded or copied from the hospitals website at http://www.halifaxmedicalcenter.org/ (key word **Charity Care**) Translations of the FAP in Spanish may be accommodated by calling our Propio Language Service Line at 855-293-8133 Code 1 Account 7037. Copies are available by contacting a financial counselor at 250 Smith Church Road, Roanoke Rapids, N.C. 27870 or by calling the number based on your last name:

A-D, call (252)535-8818 E-J, call (252)535-8772 K-R, call (252)535-8980 S-Z, call (252)535-8981

Halifax Regional Medical Center Financial Assistance Policy applies to the following hospital based providers that may deliver emergency or other medically necessary care in the hospital facility: Halifax Emergency Group (Emergency Room Physicians), Core Medical Billing (CRNA) and Roanoke Valley Health Services (Hospitalist Services).

