

Community Memorial Hospital



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www.cmhburke.org

Summary of Financial Assistance Policy

Community Memorial Hospital offers financial assistance for emergency and medically necessary services provided and billed through our Patient Financial Services. This assistance, ranging from a reduction in the amount of the balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need.

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Levels (FPL) in effect at the time of the determination. Please reference the following list.

<u>Income Level</u>	<u>Adjustment</u>
0-150% of Poverty Guidelines	100% Discount
151-200% of Poverty Guidelines	75% Discount
201-250% of Poverty Guidelines	50% Discount
251-300% of Poverty Guidelines	25% Discount
301% or above of Poverty Guidelines	0% Discount

Exceptional Financial Circumstance: For exceptional financial circumstances patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Community Memorial Hospital.

Application Filing Date. The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient or guarantor.

Notification of availability of our policy. Every effort will be made to identify patients needing assistance as early as possible. Community Memorial Hospital has widely publicized the program in the following ways: through signs at the registration areas in our hospital, clinics, and emergency room.

Services covered by a financial assistance application. An approved Financial Assistance application will cover charges for emergency and medically necessary care provided at Community Memorial Hospital, Burke Medical Clinic, and Bonesteel Medical Clinic with charges billed through our Patient Financial Services.

Limitation of Charges. All individuals that are FAP eligible will not be charged more than the amount generally billed (ABG) for their emergency or medically necessary care.

Where/How to request financial assistance. You may obtain a Financial Assistance application or a copy of our policy from Patient Financial Services:

- By telephone (605)775-2621
- By mail at 809 Jackson S.t, Burke, SD 57523
- By visiting <http://cmhburke.org>