



## Summary of Financial Assistance

Douglas County Memorial Hospital(DCMH) and Prairie Health Clinics(PHCs) collectively DCMH, offers Financial Assistance for any emergency and any other medically necessary services provided and billed. 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.

Patients are considered eligible under the DCMH Financial Assistance program if they have a total household income at or below 200% of the federal poverty level. Patients will qualify for complete forgiveness of their patient due balance if the household income is at or below 125% of the federal poverty level. For those patients with income ranging between 126% and 200% of the federal poverty level, they will receive a partial reduction of the amount of the balance outstanding. The remaining balance after adjustment will be no greater than the amount generally billed by DCMH.

**Exceptional Financial Circumstances:** If your total household income exceeds the maximum 200% of the Federal Poverty Level, yet you have supplied additional documentation to support the hardship that your medical condition has caused for you and your family, DCMH will provide special consideration for assistance on a case by case basis.

**How to obtain an application, a copy of our Financial assistance policy or a Summary of our Financial Assistance Policy.** You may obtain an application or a copy of our financial assistance policy by visiting our website at [www.dcmhsd.org](http://www.dcmhsd.org) and performing key word search: Financial Assistance. You may also contact our business offices at 605-724-2159. These documents are also available at any registration or check-in desk at DCMH.

**Applying for Financial Assistance and required documentation.** Every effort will be made to identify patients needing assistance as early as possible. To be considered for assistance, DCMH must receive the application completed in its entirety, along with a copy of the last two pay stubs for any wage earner contributing to household income, and a copy of the most recent tax return with all applicable schedules (in the absence of a tax return, acceptable substitute is Social Security award letter and /or Proof of nonfiling from the IRS).

**Notification of availability of our Financial Assistance program.** Every effort will be made to identify patients needing assistance as early as possible. DCMH will widely publicize the program through (1) signs at registration areas in our hospital and clinics, (2) policy, summary, and application available at the DCMH website, (3) patient billing statements, (4) brochures and other informational materials provided to the patient and family, and (5) healthcare providers and staff identifying patients with potential financial need.

**Services Covered by a Financial Assistance application.** An approved Financial Assistance application will cover charges for emergency and medically necessary care provided at DCMH and billed.

**Extra ordinary collection activities:** DCMH will not engage in extraordinary collection activities, such as lawsuits or garnishments, before making reasonable efforts to determine whether an individual who has an unpaid account is eligible for Financial Assistance.