

## **Sheridan Community Hospital**

301 N. Main St. • P.O. Box 279 • Sheridan, MI 48884 Phone: 989-291-3261 • Fax: 989-291-0008 • www.sheridanhospital.com

## **Sheridan Care Clinic**

303 N. Congress St. • P.O. Box 279 • Sheridan, MI 48884

Phone: 989.291.5348 • Fax: 989-291-5348 •

## Financial Assistance Policy – Plain Language Summary

Sheridan Community Hospital's ("SCH") Financial Assistance Policy ("FAP") exists to provide eligible patients partially or fully discounted emergency or medically necessary healthcare services provided by the hospital. Patients seeking financial assistance must apply for the program, which is summarized herein.

<u>Eligible Services:</u> In general, the FAP applies to emergency or medically necessary services provided and billed by SCH.

**Eligible Patients:** In general, patients receiving eligible services at SCH, who submit a complete Financial Assistance Application, and who are determined eligible for financial assistance by SCH.

How to Apply: Financial Assistance Applications may be obtained/completed/submitted as follows:

- 1. Download an application from SCH's website at: <a href="https://www.sheridanhospital.com/patient-portal">https://www.sheridanhospital.com/patient-portal</a>.
- 2. Pick up an application at SCH's Emergency Room Registration or Southwest Patient Registration.
- 3. Request an application by calling the Patient Financial Counselor at: 989-291-6271.
- 4. Completed Applications may be turned in or mailed to:

Sheridan Community Hospital 301 N. Main Street Sheridan, MI 48884

<u>Determination of Financial Assistance Eligibility:</u> In general, Eligible Patients may receive financial assistance when their household income is at or below 300% of the Federal Poverty Guidelines. Eligibility for financial assistance means that Eligible Patients will have the cost of their care covered fully or partially, and they will not be billed more than Amounts Generally Billed to insured patients, as defined by Section 1.501(r)-5 of the Department of Treasury regulations. Financial assistance discounts offered by SCH are:

- Free Care: Households with income from 0% to 250% of FPG are eligible for free care for Eligible Services.
- Partially Discounted Care: Households with income between 250% and 300% of FPG are eligible for a 75% discount on Eligible Services.

Households with over \$75,000 in Qualifying Household Assets are not eligible for Financial Assistance at SCH. Qualifying Household Assets includes all checking account balances, savings account balances, health savings account balances, and non-primary residence real estate held by members of the household.

Applicants who provide incomplete Applications will be notified and given an opportunity to provide the missing documentation/information in order for a determination to be made with respect to eligibility for financial assistance.

<u>Contact Information:</u> For free copies of the Policy and Application, use the contacts listed above. The full Financial Assistance Policy, this summary, or an application are available in other languages upon request.