

FINANCIAL ASSISTANCE

The Kiowa County Memorial Hospital Financial Assistance Program (FAP) exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and/or medically necessary healthcare services provided by Kiowa County Memorial Hospital.

Eligible Patients – Patients receiving eligible services, who submit a Financial Assistance Application (including related documentation/information), and who are determined eligible for Financial Assistance by Kiowa County Memorial Hospital.

How To Apply – Financial Assistance Application may be obtained, completed and submitted as follows:

- Obtain an application at Kiowa County Memorial Hospital admissions desk or at patient financial services.
- Request to have an application mailed to you by calling 620-723-3341.
- Request an application by mail at Kiowa County Memorial Hospital, 721 W Kansas Ave, Greensburg, Ks, 67054
- Download an application through the Kiowa County Memorial Hospital website: www.KCMH.net

Determination of Financial Assistance Eligibility - Generally, patients are eligible for financial assistance based on their income level and assets (See Appendix A of the Financial Assistance Program at www.KCMH.net). Eligible patients will not be charged more for emergency or other medically necessary care that Amounts Generally Billed (AGB) than those patients who have insurance.