



POLICY TITLE: Financial Assistance Policy – Plain Language Summary

OWNER: Kiowa County Memorial Hospital (KCMH)

**DOCUMENT NUMBER:
BUS.007A**

APPROVED BY: KCMH Board

EFFECTIVE DATE: 12/22/2023 REVIEWED DATE: 1/1/2026

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I. FINANCIAL ASSISTANCE OFFERED

- A. Kiowa County Memorial Hospital offers financial assistance through its Financial Assistance policy to patients unable to pay for emergency or medically necessary care.

II. ELIGIBILITY REQUIREMENTS AND ASSISTANCE OFFERED

- A. Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty Level guidelines used to determine the amount of financial assistance offered), family size, assets, and any special consideration the patient or physician would like to have considered.
- B. Financial assistance is offered to patients who are uninsured or underinsured. Partial or full financial assistance will be granted based on a patient’s ability to pay the billed charges.
- C. Patients must fully comply with application process, including submitting tax returns, bank statements, and pay stubs.

III. HOW TO APPLY FOR ASSISTANCE

- A. The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient’s care. The patient or responsible party will then be encouraged to complete a financial assistance application.
- B. Financial assistance is limited to medical care provided at Kiowa County Memorial Hospital and Greensburg Family Practice. Expenses such as travel, food, lodging, durable medical equipment, and prescriptions are not covered under the Financial Assistance Policy. KCMH will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

IV. WHERE TO OBTAIN COPIES

- A. KCMH’s Financial Assistance Policy and Application are available free of charge by calling the Business Office at 620-723-3341 and requesting a copy by mail or email. The policy and application are also available online at www.kcmh.net for downloading and printing. Copies of the policy and application are also available at the Business Office during office hours, Mon-Fri, 8:00am – 5:00pm.
- B. Information on financial assistance and the notice posted in the medical center and clinic location will be translated in any language that is the primary language spoken by 1,000, or 5 percent – whichever is fewer – of the residents in the primary and secondary service area.

V. CONTACT INFORMATION AND ASSISTANCE

- A. Additional information about the Financial Assistance Policy and assistance with the application process can be obtained from the Business Office:
 - 1. www.kcmh.net
 - 2. You may also call 1-620-723-3341 or visit the Business Office at 721 West Kansas, Greensburg, KS 67054

VI. NO MORE THAN AMOUNT GENERALLY BILLED (AGB)

- A. A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for emergency and other medically necessary care to patients who have insurance for such care.