



COMPASS MEMORIAL HOSPITAL AND CLINICS FINANCIAL ASSISTANCE POLICY

Plain Language Summary

Compass Memorial Hospital (CMH) and Clinics are committed to providing remarkable healthcare that makes a difference to the communities and patients we serve. We are committed to providing healthcare services and acknowledge that in some cases an individual will not be financially able to pay for services received.

Financial Assistance Offered

Financial Assistance will be available to eligible uninsured individuals, as well as underinsured individuals receiving emergency or other non-elective medically necessary services covered by the Financial Assistance Policy, based on financial need. Compass Memorial Hospital uses the Department of Health and Human Services Federal Poverty Guidelines (FPG) to determine eligibility for assistance. Individuals with a household income level that does not exceed 300% on the FPG will be considered eligible for assistance.

Amount Generally Billed

All uninsured individuals and individuals that qualify for Financial Assistance will not be charged more than the amount we generally bill patients with Medicare coverage for emergency or other medically necessary care.

How to Obtain Copies of Our Policy and Application

You may obtain a copy of our Policy and the Financial Assistance Application form: (1) on the Compass Memorial Healthcare general website at www.compassmemorial.org, and (2) in our registration and waiting areas at Compass Memorial Healthcare and all Family Medical Clinics. Please contact the Business Office at Compass Memorial Healthcare via telephone at 319-642-5543, via email at CMH-FinancialCounselor@compassmemorial.org, or by scheduling an in-person appointment with a Financial Counselor to receive a copy of our Financial Assistance Policy and application free of charge.

How to Apply and Obtain Assistance

You may apply at any point in the scheduling or billing process by completing and submitting a Financial Assistance Application and providing income information. All Financial Assistance Applications will be reviewed by a Financial Counselor for evaluation and processing. A Financial Assistance Application must be completed and submitted with the required documentation, no later than 240 days from the date of your first bill for the care received. The required documentation consists of a copy of your recent calendar year federal tax return, copies of your W2 and the last 4 pay stubs or vouchers from all employers for all persons claimed on your federal income tax return, and a copy of your checking and savings account bank statement last month.

If you need any help in applying, please contact the Business Office at Compass Memorial Healthcare via telephone at 319-642-5543, via email at CMH-Financial Counselor@compassmemorialhealthcare.org, or by scheduling an in-person appointment with a Financial Counselor between the hours of 8:00am-4:30pm Monday-Friday.

Return your completed Financial Assistance Application and all required documentation in person by scheduling an appointment with a Financial Counselor, or by emailing CMH-FinancialCounselor@compassmemorial.org, or by mail :

Compass Memorial Healthcare
c/o Financial Counselor
300 W. May Street
Marango, Iowa 52301