



# Plain Language Summary of Charity Care and Financial Assistance Policy

## Overview

Montrose Memorial Hospital is committed to offering financial assistance to people who have health care needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, underinsured, not eligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or who are approved for Medicaid but the specific medically necessary service is considered non-covered by Medical Assistance. Montrose Memorial Hospital strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the Montrose Memorial Hospital's Charity Care and Financial Assistance Policy.

## Availability of Financial Assistance

You may be able to get financial assistance if you do not have insurance, are underinsured, or if it would be a financial hardship to pay in full the expected out of pocket expenses for services at Montrose Memorial Hospital. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to transplants, cosmetic services and other services.

## Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on Federal Poverty Guidelines. You would pick a category you fit into below based on your family size and income. For example, if you were a family of 1 and making \$4,500 you would fit into category Z in the chart below.



**MONTROSE INDIGENT SLIDING SCALE**  
**ABILITY-TO-PAY SCALE**  
**Effective April 1, 2018 - March 31, 2019**  
**Income Ranges for Each Ability-to-Pay Rate**

Family Size	Z	N	A	B	C	D	E
1	\$0 - \$4,856	\$0 - \$4,856	\$4,857 - \$7,527	\$7,528 - \$9,833	\$9,834 - \$12,140	\$12,141 - \$14,204	\$14,205 - \$16,146
2	\$0 - \$6,584	\$0 - \$6,584	\$6,585 - \$10,205	\$10,206 - \$13,333	\$13,334 - \$16,460	\$16,461 - \$19,258	\$19,259 - \$21,892
3	\$0 - \$8,312	\$0 - \$8,312	\$8,313 - \$12,884	\$12,885 - \$16,832	\$16,833 - \$20,780	\$20,781 - \$24,313	\$24,314 - \$27,637
4	\$0 - \$10,040	\$0 - \$10,040	\$10,041 - \$15,562	\$15,563 - \$20,331	\$20,332 - \$25,100	\$25,101 - \$29,367	\$29,368 - \$33,383
5	\$0 - \$11,768	\$0 - \$11,768	\$11,769 - \$18,240	\$18,241 - \$23,830	\$23,831 - \$29,420	\$29,421 - \$34,421	\$34,422 - \$39,129
6	\$0 - \$13,496	\$0 - \$13,496	\$13,497 - \$20,919	\$20,920 - \$27,329	\$27,330 - \$33,740	\$33,741 - \$39,476	\$39,477 - \$44,874
7	\$0 - \$15,224	\$0 - \$15,224	\$15,225 - \$23,597	\$23,598 - \$30,829	\$30,830 - \$38,060	\$38,061 - \$44,530	\$44,531 - \$50,620
8	\$0 - \$16,952	\$0 - \$16,952	\$16,953 - \$26,276	\$26,277 - \$34,328	\$34,329 - \$42,380	\$42,381 - \$49,585	\$49,586 - \$56,365
Poverty Level*	40% & Homeless	40%	62%	81%	100%	117%	133%

Family Size	F	G	H	I	J	K	L
1	16,147 - 19,303	19,304 - 22,459	22,460 - 24,280	24,281 - 30,350	30,351 - 36,420	36,421 - 42,490	42,491 - 48,560
2	21,893 - 26,171	26,172 - 30,451	30,452 - 32,920	32,921 - 41,150	41,151 - 49,380	49,381 - 57,610	57,611 - 65,840
3	27,638 - 33,040	33,041 - 38,443	38,444 - 41,560	41,561 - 51,950	51,951 - 62,340	62,341 - 72,730	72,731 - 83,120
4	33,384 - 39,909	39,910 - 46,435	46,436 - 50,200	50,201 - 62,750	62,751 - 75,300	75,301 - 87,850	87,851 - 100,400
5	39,130 - 46,778	46,779 - 54,427	54,428 - 58,840	58,841 - 73,550	73,551 - 88,260	88,261 - 102,970	102,971 - 117,680
6	44,875 - 53,647	53,648 - 62,419	62,420 - 67,480	67,481 - 84,350	84,351 - 101,220	101,221 - 118,090	118,091 - 134,960
7	50,621 - 60,515	60,516 - 70,411	70,412 - 76,120	76,121 - 95,150	95,151 - 114,180	114,181 - 133,210	133,211 - 152,240
8	56,366 - 67,384	67,385 - 78,403	78,404 - 84,760	84,761 - 105,950	105,951 - 127,140	127,141 - 148,330	148,331 - 169,520
Poverty Level*	159%	185%	200%	250%	300%	350%	400%

Once you determine which category above you fit into, you then would look at the below chart to determine how much you would be responsible for. For example, if your total bill was \$1,000 you would be responsible to pay 0\$.

Bill Balance	N-Z**	A	B	C	D	E	F	G	H	I	J	K	L
0-24.99	0%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
25-150	0%	12%	15%	18%	20%	25%	38%	50%	80%	80%	80%	80%	80%
151-250	0%	10%	13%	18%	20%	25%	32%	42%	75%	80%	80%	80%	80%
251-350	0%	10%	12%	15%	18%	22%	28%	40%	70%	75%	80%	80%	80%
351-500	0%	10%	12%	15%	18%	22%	28%	40%	65%	70%	80%	80%	80%
501-700	0%	8%	10%	13%	15%	20%	25%	38%	60%	65%	80%	80%	80%
701-1,000	0%	8%	10%	13%	15%	20%	25%	32%	44%	50%	80%	80%	80%
1,001-5,000	0%	8%	10%	13%	15%	18%	25%	30%	38%	45%	60%	80%	80%
5,001-15,000	0%	5%	8%	10%	13%	15%	22%	27%	35%	39%	49%	70%	80%
15,001-25,000	0%	5%	8%	10%	10%	13%	18%	25%	30%	37%	50%	59%	68%
25,001-40,000	0%	3%	5%	8%	10%	13%	18%	23%	30%	37%	45%	55%	65%
40,001-49,999	0%	3%	4%	5%	8%	10%	15%	20%	28%	33%	48%	58%	63%
50,000 +	0%	2%	2%	5%	5%	8%	10%	15%	20%	25%	35%	45%	60%



## Eligibility Requirements - Continued

No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed to individuals who have insurance covering such care (AGB). Montrose Memorial Hospital determines AGB based on all claims paid in full to Montrose Memorial Hospital by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance. Please refer to the full policy for a complete explanation and details.

### Where to Find Information

There are many ways to find information about the FAP application process, or get copies of the FAP or FAP application form. To apply for financial assistance, you may:

- Download the information online at <http://www.montrosehospital.com/fap>
- Request the information in writing by mail or by visiting the Montrose Memorial Hospital Business Office at 800 S 3<sup>rd</sup> Street, Montrose, CO 81401.
- Request the information by calling **(970) 252-2687**.
  - **All of Montrose Memorial Hospital's providers participate in this program, for a complete listing please go to <http://www.montrosehospital.com/medical-services/>**

### Availability of Translations

The Financial Assistance policy, application form, and the plain language summary are offered in English and Spanish. Montrose Memorial Hospital may elect to furnish translation aids, translation guides, or provide assistance through use of qualified bilingual interpreter by request. For information about Montrose Memorial Hospital's Financial Assistance Program and translation services, please call a representative at **(970) 252-2687**.

### How to Apply

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to Montrose Memorial Hospital for processing. You may also apply in person by visiting the Business Office at the address listed below. Financial assistance applications are to be submitted to the following office:



Business Office  
800 S 3<sup>rd</sup> Street  
Montrose, CO 81401

Monday-Thursday 730AM – 500PM

Friday 730AM – 1200PM