

Plain Language Summary of Financial Assistance Policy (FAP)

Morrow County Health District (MCHD) is committed to providing financial assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. Financial assistance is based on the applicant's financial situation and if it is within MCHD's guidelines for eligibility.

- **Financial Assistance Guidelines**
 - Financial assistance is only offered for medically necessary care billed by MCHD. The care must be provided by an MCHD facility or provider (see Attachment 2 to the FAP). Medically necessary care is services or items that are reasonable and necessary for the diagnosis or treatment of an illness or injury.
 - Elective procedures and non-medically necessary services are not covered under the program.
 - Eligibility is determined after MCHD reviews information regarding the applicant's financial situation.
 - Patients must use all other payor resources, including governmental payors such as Medicaid, prior to applying for financial assistance.

- **Required Documentation to apply for financial assistance:** To be complete, the Financial Assistance application must be completed and signed, and the following documentation must be submitted:
 - Copies of previous year's Federal Tax Return (Form 1040 or equivalent). Please include all schedules.
 - Proof of current income (if any), for example: the last 3 months pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veteran's benefits, etc.
 - Proof of insurance or that an application for coverage has been submitted.
 - Copy of driver's license, state issued ID card or other photo ID.

If an individual has no source of income, a letter of hardship and/or a letter of support will be accepted. Other documents may be requested by MCHD to validate information on the application.

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- **Program Qualifications**
 - Financial assistance will be granted if an individual's annual gross income meets certain criteria. Annual gross income includes the annual income of the person and their spouse or parents if applicable.
 - Patients whose family income is at or below 150% of the Federal Poverty Level (FPL) are eligible to receive full financial assistance (free care).
 - Patients whose family income is above 150% but less than 300% of the FPL are eligible to receive services that are discounted. The discount amount is based on a sliding scale.
 - Services will be discounted to an amount no greater than the amounts generally received by MCHD for Medicare patients.

- **How Do I Get Copies of the Financial Assistance Policy and Application?**

- Copies of the Financial Assistance Policy and Application are available upon request and on the MCHD web site at www.morrowcountyhealthdistrict.org.
- All documents are provided free of charge and can be mailed upon request.
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- To get copies of these documents, you can contact the MCHD Business Office:
 - Phone: (541) 676-9133 or 1-800-737-4113
 - In Person:

Pioneer Memorial Hospital, 564 E Pioneer Drive, Heppner OR 97836

Pioneer Memorial Clinic, 130 Thompson, Heppner OR 97836

Pioneer Memorial Home Health & Hospice, 162 N Main, Heppner OR 97836

Ione Community Clinic, 365 W 3rd St, Ione OR 97843

Irrigon Medical Clinic, 220 N Main, Irrigon OR 97844

What If I Have Questions or Need Help Filling Out the Application?

- If you have questions or need help filling out the Financial Assistance Application, you can contact the MCHD Business Office:
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 - In Person: MCHD Business Office, 564 E Pioneer Drive, Heppner OR 97836