



PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Overview

It is the policy of Powell Valley Healthcare Inc (PVHC) to treat the broadest number of patients and residence residing within our service area while maintaining fiscal responsibility. This is a summary of the PVHC Financial Assistance Policy.

Availability of Financial Assistance

Patient/Resident will be considered for charity or discounted billing based on their ability to pay and the Federal Poverty Guidelines (FPG) issued and updated annually. Charity consideration is given to emergency, inpatient, outpatient and medically necessary procedures. Financial assistance and discounts only apply to PVHC bills. Any balance can be considered for charity, including balances after insurance payment. Patients must reside within our service area which include Park and Big Horn County.

Eligibility Requirements

Financial assistance is generally determined by a sliding scale of total household income based on FPG. When total household income is less than 200% of FPG, a 100% discount from gross charges applies. With respect to uninsured individuals, when total household income is above the 200% discount is based on actual income as a percentage of FPG. *No person eligible for financial assistance under the FPA will be charged more for medically necessary care than amounts generally billed (AGB) to individuals who have insurance covering such care.* PVHC determines AGB based on all claims paid in full to PVHC 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 full policy for a complete explanation and details.

Where to Obtain Information

There are numerous ways that an individual may obtain information about the FAP application process, or obtain copies of the FAP or FAP Application Form:

- Download the information online at www.pvhc.org
- Request the information by telephone by calling a Patient Financial Services Rep at 307-754-1182
- In person at Powell Valley Healthcare Inc., 777 Avenue H, Powell, WY 82435

Availability of Translations

The FAP, FAP Application Form, and this plain language summary shall be prepared in English and for any population more than (a) 1,000 individuals or (b) 5% of the community served by the hospital.

777 Ave H * Powell, WY 82435 * Phone (307) 754-2267 * Fax (307) 754-3176 * www.pvhc.org

*Powell Valley Hospital
Powell Valley Care Center*

*Powell Valley Clinic
The Heartland Assisted Living*



How to Apply

The application process involves filling out the Financial Assistance form and mailing the form along with the supporting documentation to PVHC for processing. You may also apply in person by visiting the Patient Accounts Department at the address listed below. Financial Assistance applications are to be submitted to the following office:

**Powell Valley Healthcare Inc
Attn: Patient Financial Services
777 Avenue H
Powell, WY 82435**

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