

[Revised: 1/24/24]

REGIONAL WEST HEALTH SERVICES-FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

Regional West Health Services Financial Assistance Policy / Program (FAP) exists to provide eligible patients, partially or fully discounted emergency or other medically necessary healthcare services provided by Regional West Health Services hereinafter referred to as “RWHS”. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services-Emergency or other medically necessary healthcare services provided by RWHS and billed by RWHS. The FAP only applies to services billed by RWHS. Other services, which are separately billed by other providers, such as affiliated or non-affiliated physicians or independent laboratories, are not eligible under the FAP. For more information on providers who are and are not subject to the FAP (see below), or contact the RWHS Financial Assistance Specialist Team at 1-833-661-1846, email FAST@rwhs.org or visit <https://rwhs.org/about-your-bill>.

Eligible Patients – Patients receiving eligible services, who submit a complete Financial Assistance Application (including related documentation/information), and who satisfy the current income guidelines set forth in the FAP are eligible for Financial Assistance by RWHS. Eligible Persons are eligible for Financial Assistance, when the Family Income is at or below 400% of the Federal Government’s Federal Poverty Levels (FPL) and requires patient/guarantor to have balances outstanding greater than \$1000 or an upcoming procedure with an anticipated patient balance greater than \$1000. Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than “Amounts Generally Billed” (AGB) to insured persons.

Financial Assistance levels, based solely on Family Income and FPL are:

Family Income at 0 – 200% FPL-100% full reduction; 201%-400% of FPL-Partial Reduction

Family Income greater than 401% of FPL-Not Eligible for Reduction

If no family income is reported, information will be required as to how daily needs are met.

How to Apply-The FAP and the related Application Form may be obtained / completed / submitted as follows: At RWHS’s main Registration desk or Emergency Room desk. Request documents be mailed to you, by calling RWHS’s Financial Assistance Specialist Team at 1-833-661-1846. Request documents by mail or visiting in person at the RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602.

Download the documents from RWHS’s website: <https://www.rwhs.org/about-your-bill>. Email us directly at FAST@RWHS.org. Mail completed applications (with all documentation / information specified in the application instructions) or deliver in per to RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602.

RWHS reviews submitted applications which are complete and determines the Financial Assistance eligibility in accordance with RWHS’s Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information. Translated copies of the FAP, this Plain Language Summary, and the FAP Application are available in Spanish upon request, in person at the address above, and below or by download on RWHS/s website at <https://www.rwhs.org/about-your-bill>. For help, assistance or questions related to filling out the FAP Application, please visit or call:

RWHS Financial Assistance Office, Regional West Health Services, 4021 Avenue B, Scottsbluff, NE 69361-4602; 1-833-661-1846, Monday through Friday from 8:00 am to 4:30 pm.