

Pratt Regional Medical Center

Financial Assistance Plain Language Summary

Purpose:

Pratt Regional Medical Center Corporation maintains its historic tradition of providing healthcare to all who are in need, without discrimination due to race, religion, gender, national origin, or ability to pay. Patients seeking financial assistance must apply for the program and are expected to cooperate with Pratt Regional Medical Center's procedures for obtaining financial assistance.

Services that are covered under this policy include:

- Emergency medical services provided in an emergency room setting
- Services for a condition which, if not properly treated, would lead to an adverse change in the health status of an individual
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting
- Medically necessary services

Exclusions to this policy include:

- Patients who are not United States Citizens or Permanent Resident Aliens, except for those with emergency healthcare needs
- Patients receiving experimental and investigational procedures
- Patients who electively come to Pratt Regional Medical Center with either an out-of-network or non-contracted payer

Eligibility Requirements

Eligibility for financial assistance is determined by the patient's family income, assets, and family size. Services eligible under this program will be made available to the patient on a sliding scale in accordance with financial need as determined in reference to the Federal Poverty Guidelines in effect at the time of determination.

How to Apply:

If you would like to see if you qualify for financial assistance, please complete the application and return it along with copies of required documentation to the Patient Financial Services Department (e.g. Billing Department). Applications can be obtained in both English or Spanish at any of the following locations:

- Any registration/check-in point at the hospital or associated clinics
- online at www.prmc.org
- visiting the Patient Financial Services Department (e.g. Billing Department) located on the first floor of the Medical Complex (east wing of the hospital).

If you need assistance during the process, please call 620-450-1146.

Table of the Current Federal Poverty Guidelines:

Size of Family/Household	2021 Federal Poverty Guidelines (FPG) for the 48 Contiguous States (incomes are gross/pre-tax amounts)				
	100%	150%	200%	250%	300%
1	\$ 13,590	\$ 20,385	\$ 27,180	\$ 33,975	\$ 40,770
2	\$ 18,310	\$ 27,465	\$ 36,620	\$ 45,775	\$ 54,930
3	\$ 23,030	\$ 34,545	\$ 46,060	\$ 57,575	\$ 69,090
4	\$ 27,750	\$ 41,625	\$ 55,500	\$ 69,375	\$ 83,250
5	\$ 32,470	\$ 48,705	\$ 64,940	\$ 81,175	\$ 97,410
6	\$ 37,190	\$ 55,785	\$ 74,380	\$ 92,975	\$ 111,570
7	\$ 41,910	\$ 62,865	\$ 83,820	\$ 104,775	\$ 125,730
8	\$ 46,630	\$ 69,945	\$ 93,260	\$ 116,575	\$ 139,890

Financial Assistance Discount Based on FPG Range			
FPG Range	0-200%	201-250%	251-300%
Financial Assistance Discount	100%	50%	25%

Reference: <https://www.federalregister.gov/documents/2022/01/21/2022-01166/annual-update-of-the-hhs-poverty-guidelines>