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## PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

### Overview

GCHS 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. GCHS 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 GCHS Financial Assistance Policy (FAP).

### 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 GCHS. 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 the *Federal Poverty Level (FPL)*. If you fall between 100 and 400% of the FPL, you may get discounted rates for the care given by the provider. No person eligible for financial assistance under the FAP will be charged more for emergency or other medically necessary care than amounts generally billed to individuals who have insurance covering such care. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible 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 [MYGCHS.com](http://MYGCHS.com) , key words **financial assistance**
- Request the information in writing by mail or by visiting the Patient Financial Assistance Coordinator at GCHS 506 3<sup>rd</sup> Street, PO Box 338 Tribune, KS 67879
- Request the information by calling 1-620-376-4221 ext. 213