

RUSSELL REGIONAL HOSPITAL

200 South Main St. • Russell, KS 67665-2997 • (785) 483-3131

West Central Kansas Association, Inc. d/b/a

Re: Financial Assistance Program at Russell Regional Hospital and Russell Regional Hospital Physicians Clinic

Dear Patient/Guarantor,

You will find a summary of Russell Regional Hospital and Russell Regional Hospital Physicians Clinic's Financial Assistance Policy and Financial Assistance Application attached to this letter.

Financial Assistance is available for qualified patients/guarantors to assist in partially, or fully, covering medical expenses rendered by Russell Regional Hospital and Russell Regional Hospital Physicians Clinic.

A checklist for you is provided below to ensure that you obtain all necessary, and required, documents and include them with your completed application.

Required Supporting Documentation:

- Copies of all pay stubs for the most recent 30 day period OR letter from employer verifying earnings.
- Prior Year Income tax return with copies of W-2 forms IF copies of pay stubs are not available
- Copy of Checking Account statements for the last 60 days
- Copy of Savings Account statements for the last 60 days
- Medicaid Denial Letter if you DO NOT have other third party insurance coverage.
 - Applications for Kansas Medicaid can be found online at www.dcf.ks.gov

Be sure to **complete ALL fields** on the Financial Assistance Application. Incomplete Financial Assistance applications will not be accepted.

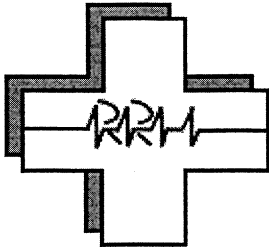
Completed financial assistance applications, along with all required supporting documents, are to be turned into the Business Office at Russell Regional Hospital.

If you need assistance in completing the financial assistance application please contact the Business Office at 785-483-3131. A financial counselor will be able to assist you in completing the application and also will be able to answer any questions you may have about the Financial Assistance policy. Copies of the Financial Assistance policy are readily available.

You will be notified by letter regarding if your financial assistance application was approved and the amount of assistance available.

Sincerely,

Michele Johnson
Financial Counselor
Russell Regional Hospital



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Financial Assistance Policy Summary

The Russell Regional Hospital and Russell Regional Hospital Physician Clinic's Financial Assistance Program exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care.

A summary of the Financial Assistance Program can be found online as well. Please visit <http://www.russellhospital.org/index.php?n=PatientsAmpVisitors.RRHFinancialAssistancePolicy> to view the Financial Assistance Program Summary.

Patients seeking Financial Assistance must apply for the program, which is summarized below.

- **Eligible Services** - Emergent and/or medically necessary healthcare services provided by Russell Regional Hospital and/or Russell Regional Hospital Physicians Clinic.
- **Eligible Patients** – The Financial Assistance Policy applies to all patients regardless of sex, age, race, religion, national origin, or sexual orientation. Patients receiving eligible services can apply for financial assistance.

How to Apply - Financial Assistance Application may be obtained/completed/submitted as follows:

- Obtain an application at Russell Regional Hospital and Russell Regional Hospital Physician Clinic's front desks or by requesting one from the financial counselor at Russell Regional Hospital.
- Request to have an application mailed to you by calling 785-483-3131 and speaking to the Business Office.
- Request to have an application emailed to you. Contact the Business Office at 785-483-3131 to request an application emailed to you.
- Request an application by mail at Russell Regional Hospital, Attn: Financial Counselor, 200 S. Main St., Russell, KS 67665

Determination of Financial Assistance Eligibility - Generally, patients are eligible for financial assistance based on their total household income, expenses, and asset information. Patients, with no insurance, will not be charged more for emergency or other medically necessary care than those patients who have insurance. Patients who do not have insurance, but it appears they may qualify for Medicaid, must apply for coverage and receive a written denial from Medicaid prior to having their financial assistance application processed.

A copy of Russell Regional Hospital and Russell Regional Hospital Physician Clinic's Financial Assistance Policy can be requested by calling the Business Office at 785-483-3131 or by requesting one in writing at the address stated above.

Please contact the Business Office, at 785-483-3131, with any questions.

Russell Regional Hospital Financial Assistance Assessment

Patient Information:

| | | | |
|--|---------------|--------------|------------|
| Name: | Phone# | Date: | |
| Address | City | State | Zip |
| Social Security Patient: | | | |
| Social Security (other household income): | | | |
| Patient Date Of Birth: | | | |

Name of Spouse and all other Dependents in Household:

| Name | Relationship | Age | Phone # |
|------|--------------|-----|---------|
| | | | |
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| | | | |
| | | | |
| | | | |

Monthly Income/Household Income: *Including income of all members living in the household.*

| | |
|---|------------------------------|
| Patient Employer: | Hourly Wage: |
| | Average Worked Hours: |
| Address | |
| | |
| Spouse/other person income/ Employer | Hourly Wage: |
| | Average Worked Hours: |
| Address | |
| | |
| Other Income: (other properties, child support, Oil Royalties, etc.) | |
| | |

Monthly Expenses:

| Loans | Lenders | Mkt. Value | Balance | Payment |
|-------------------------|---------|------------|---------|---------|
| Home (Home/Rent) | | | | |
| Automobile | | | | |
| Automobile | | | | |
| Utilities | | | | |
| Other Expenses | | | | |

| Credit Card | Account Number | Balance | Payment |
|-------------|----------------|---------|---------|
| | | | |
| | | | |
| | | | |

| Other Charge Acct. | Account Number | Balance | Payment |
|--------------------|----------------|---------|---------|
| | | | |
| | | | |

Assets: List all Assets.

| | Bank Name | Acct. Number | Bank Address | Balance |
|----------|-----------|--------------|--------------|---------|
| Checking | | | | |
| Savings | | | | |

| Real Estate | Address | Value |
|-------------|---------|-------|
| | | |
| | | |

| Automobiles | Year/Make Model | Value |
|-------------|-----------------|-------|
| | | |
| | | |

Other Assets/Investments.

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Certification of Correct Financial and Personal Information. I have reported all house-hold income, including myself and others that live in my household. I, _____ understand that all information which I have provided to Russell Regional Hospital, is accurate financial information. I further understand that if any of the information is found to be false, Russell Regional Hospital may deny this financial assistance application.

Signature

Date: _____

Signature

Date: _____