

# MERCY HOSPITAL, INC.

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218 EAST PACK  
P.O. BOX 180  
MOUNDRIDGE, KANSAS 67107  
620-345-6391

## **Overview**

Mercy Hospital is committed to providing financial assistance to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their personal financial situation. Mercy Hospital strives to ensure that the financial capacity of people in need of health care services does not prevent them from seeking or receiving care. This is a summary of the Mercy Hospital Financial Assistance Policy (FAP).

## **Availability of Financial Assistance**

You may be able to get financial help if you do not have insurance or are underinsured. Individuals who would find it a financial hardship to pay in full may also apply. Those applying for financial help should cooperate with Mercy Hospital's procedures to obtain their income and eligibility information. Financial assistance does not apply to patient-elected services, such as Respite care and self-referred testing.

- Partners in Family Care is a private physician group serving patients of Mercy Hospital; they bill for the physician service component of care at the hospital. Partners in Family Care is not bound by this policy and all payment arrangements and/or discounts of their charges will need to be negotiated directly with their business office. A listing of covered and non-covered providers is available and updated quarterly.

## **Eligibility Requirements**

Financial Assistance will be provided at 100% for approved applicants, and is determined by total household income, based on the Federal Poverty Level (FPL). If you and/ or the responsible payor's income is at or below 200% of the current federal poverty guidelines, then you will have no responsibility to pay for care received at Mercy Hospital. If your assets or income exceed the requirements of the financial assistance program, you will not qualify. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so. No person eligible for financial assistance under the FAP will be charged more for emergency or medically-necessary care than amounts generally billed (AGB) to individuals who have insurance coverage for such care. Refer to the complete policy for further explanation and details.

## **Where You Can Find Information**

To find out more information about the Mercy Hospital Financial Assistance Policy (FAP), our application process, or to get copies of the FAP and application form you may:

- Download the information from our website: <https://www.mercyh.org/financial-assistance/>
- Request the information by phone. Call Mercy Hospital at: 620-345-6391
- Send a request by mail or stop by and pick up the forms at our address:

### **Financial Assistance Policy**

Mercy Hospital  
PO Box 180  
218 E Pack St.  
Moundridge, KS 67107

*"Because We Care"*

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