

# Financial Assistance Guidelines

Mary Greeley Medical Center is committed to providing quality healthcare services to all who reside in our service area regardless of ability to pay. To assist those in financial need, we have Financial Counselors available to facilitate our financial assistance application process. The following information provides an overview of our financial assistance guidelines. You may request a copy of our financial assistance application by calling 515-239-2111 or go to [www.mgmc.org](http://www.mgmc.org) and print an application.

- Applications for financial assistance must be requested within 180 days of initial date of service for self-pay clients or within 180 days of payment by insurance company.
- Applications for financial assistance may be dropped off or mailed to the Financial Counseling Office located at Mary Greeley Medical Center, 1111 Duff Avenue, Ames, IA 50010. You may reach our Financial Counseling Office by phone at 515-239-2111.
- Applications for federal, state, or other assistance programs which would serve as primary payer, such as Medicaid, HAWK-I, Veteran's Administration, etc., must be completed before you will be considered eligible for financial assistance. Refusal to pay premiums into an insurance plan is not allowed as a basis for eligibility for financial assistance.
- To be eligible for assistance, you must first meet the income requirements as established by Mary Greeley Medical Center. Please see the section entitled Income Requirements.
- Patients who have assets greater than \$25,000, not including their primary home and one car, will not be eligible for financial assistance.
- You are responsible for providing all required information requested by our Financial Counselor within the application period. If you fail or refuse to furnish the requested information in the time requested, your application will be incomplete and we will not be able to extend financial assistance. We will verify income and other financial information by using financial statements, tax returns, bank statements, other documents and phone verification.
- If patient was claimed on his/her parent(s) tax returns for the prior year, the financial assistance application must be completed with the patient and parent(s) financial information.
- Any misrepresentation or falsification of facts made by you in order to qualify for financial assistance will be cause for denial. If you are granted financial assistance and we find material provision(s) of the application to be untrue, the financial assistance will be withdrawn.
- Assistance may not be granted if:
  - The financial assistance application is not returned within 30 days
  - A hospital stay or portions of stay does not meet the medical necessity guidelines for hospitalization
  - Any portion of an account is still payable by any third party
  - The patient has medical/health insurance but seeks treatment at Mary Greeley Medical Center when Mary Greeley Medical Center is not a preferred provider
  - Procedure is cosmetic
- We have processes in place to quickly determine your eligibility. We will attempt to notify you in writing of approval or denial within 30 working days of receipt of a completed application. Notifications of denial will be accompanied by reasons for ineligibility.
- The approval of assistance is honored for 180 days beginning the date the application is approved. Applications for financial assistance may cover all legal dependents in the immediate family, providing all names, birthdates and social security numbers are listed on the application.
- Following our privacy law guidelines, patients over the age of 18 are considered to be their own guarantor. If there are multiple guarantors in a household, please note this on the application so all eligible services can be identified.
- Mary Greeley Medical Center's financial assistance program covers qualifying outstanding balances at Mary Greeley. You may be billed separately by your physician, radiologist, pathologist, anesthesiologist, and other care providers. You will need to contact their offices directly for assistance with statement or balance questions.

## Income Requirements

You receive full financial assistance if your gross household income is at or below 200% of the federal poverty guidelines (published in the Federal Register yearly) and you have less than \$25,000 in assets. If your income is between 200% - 350% of the federal poverty guidelines and you have less than \$25,000 in assets, you qualify for financial assistance on a sliding fee scale.

## Catastrophic Medical Assistance

This category assists those with catastrophic healthcare bills who have exhausted insurance benefits or who exceed the income requirements. If in any given three (3) month rolling window, your medical bills exceed 20% of your gross household income plus assets for the year, your bill may be eligible to be reduced. Please call our Financial Counseling Office at 515-239-2111 for specific information about this option.

## For Additional Information

For specific information about our Financial Assistance program, please call our Financial Counseling Office at 515-239-2111.

