

## **Financial Assistance Policy – Plain Language Summary**

**Summit Healthcare Association, Show Low, Arizona**

### **Financial Assistance Offered**

Summit Healthcare is trusted to deliver exceptional, compassionate care, close to home, and offers financial Assistance through its Charitable Care, Financial Assistance Program, as well as various payment plans designed to assist patients to pay for the medical services in a timely manner.

### **Eligibility Requirements and Assistance offered**

Eligibility for financial assistance is based on multiple factors, including the nature of the condition and care required, insurance coverage or other sources of payment (including personal injury claims), income (Federal Poverty guidelines are used to determine the amount of financial assistance offered), family size, assets. Detailed requirements can be located on the Summit Healthcare website, [www.summithealthcare.net/billing-information](http://www.summithealthcare.net/billing-information).

Patients must fully comply with the application process, including, but not limited to, submitting tax returns, bank statements and pay stubs, credit check, as well as completing the application process for all available sources of financial assistance, including AHCCCS/Medicaid or Medical Assistance. Financial assistance is available to patients who are uninsured and underinsured.

### **How to Apply for Assistance**

The patient or any person involved in the care of the patient, including a family member or provider, can express financial concerns at any point during the patient's care. The patient or responsible party will be encouraged to complete a financial assistance application.

Financial assistance is offered for both physician and facility services through Summit Healthcare. Expenses such as travel, food, lodging, durable medical equipment, prescriptions, cosmetic services and fertility treatments are not covered under the Financial Assistance Policy. Summit Healthcare will uphold the confidentiality and dignity of each patient, and any information submitted for consideration of financial assistance will be treated as protected health information under the Health Insurance Portability and Accountability Act (HIPAA).

### **Where to Obtain Financial Assistance Program (FAP) Application Forms**

Summit Healthcare's Financial Assistance Policy and (FAP) Application forms are available free of charge by calling the Patient Financial Services office at (928)537-6911, the Physician Billing office at (928)-537-6840, or by calling toll free 1-800-300-0361 and requesting the Patient Financial Services office. Our switchboard will transfer your call. Policy and application forms are also available to download and print, free of charge, from the web page- <https://summithealthcare.net/billing-information>. Copies of the forms are also available within the inpatient and outpatient registration areas, Emergency Department, Physician Billing Office, and the Financial Counselor's office. The Patient Financial Services office is open Monday through Friday 8:00 a.m. to 4:30 p.m., excluding holidays.

**Non-English speaking patients will be assisted using a translation phone service.**

### **Contact Information and Assistance**

For additional questions and information about the Financial Assistance Policy, or assistance with the application process, contact a Financial Counselor at (928)537-6911 or for Physician Billing call (928)-537-6840.

### **No More than Amount Generally Billed (AGB)**

A patient determined to be eligible for financial assistance may not be charged more than amounts generally billed for medical care to any patient who has insurance