

## PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY

Thank you for choosing RMCHCS for your health care needs. We know you have a choice when selecting your health care provider and are pleased you have chosen RMCHCS.

If insurance information is provided at the time of registration, RMCHCS will bill those insurance carriers on behalf of the patient. In the event that the insurance carrier does not pay for services rendered or if the patient does not have insurance, the patient or guarantor on the account will be responsible for the balance due. Any deductibles, co-insurances or co-payments required by the insurance carrier are the patient's responsibility.

The insurance company will send an Explanation of Benefits (EOB) following a patient's visit, advising on the status of the insurance claim. RMCHCS will also send a statement at the beginning of each month listing all open accounts. The patient may receive two separate statements, one for hospital activity and a separate statement for clinic visits. Statements will include visits with account balances due by the patient/guarantor and accounts still in process with the insurance company. The total amount currently due from the patient/guarantor is noted as Amount You Owe.

RMCHCS will assist patients and their families with payment options. The customer service staff can help with billing inquiries, payments and payment plans. Financial advisors are available for patients with questions regarding financial assistance. For patients needing financial assistance or charity care, there are a variety of ways to obtain a copy of our Financial Assistance Policy and associated application form:

- In person by visiting our Patient Financial Services office at 1901 Red Rock Ave, Gallup, NM 87301. This office is located on the northeast corner of the hospital's main parking area.
- On line at link <https://www.rmch.org/docs/Charitycare.pdf> for the Financial Assistance Policy and at link [https://www.rmch.org/docs/RMCHCS\\_CHARITY\\_CARE.pdf](https://www.rmch.org/docs/RMCHCS_CHARITY_CARE.pdf) for the associated application
- By mail by requesting a free copy of the Financial Assistance Policy at the following address:

Patient Financial Services  
RMCHCS  
1901 Red Rock Ave  
Gallup, NM 87301

RMCHCS's mission is to improve the health of the diverse community it serves through excellence in patient care. As part of that mission, we provide emergency and other medically necessary health care for individuals regardless of their ability to pay and also provide financial assistance.

To receive charity care, patients must complete an Application and submit documentation of their income and family size.

Patients must complete the Application and return the completed form along with required documentation to the above address. Translations of the Financial Assistance Policy, the Application, and this summary are available online and by request. Patients can obtain assistance with the application process by contacting a Financial Assistance Coordinator at 505-863-7188 or visiting the Patient Financial Services office at 1901 Red Rock Ave, Gallup, NM 87301.

Patients can also ask members of the Hospital's patient registration staff about the policy and the application process.

Emergency and other medically necessary services provided by the Hospital are eligible for discounts. Elective services (for example, cosmetic surgery) are not covered, and services provided by your physician also may not be covered by this policy.

Please refer to the full Financial Assistance Policy description of eligibility requirements, the discounts offered, and a detailed list of facilities and providers covered by this policy.

Uninsured patients, including low income patients, and patients with extraordinarily high medical bills may be eligible for Financial Assistance. We compare patient income, as documented in the Financial Assistance Application, to Federal Poverty Guidelines to determine eligibility.

Before granting Financial Assistance, we require uninsured patients to apply for Medicaid or another type of government subsidized health insurance.

No hospitals or provider covered by this policy will charge individuals eligible for Financial Assistance more than amounts charged to Medicare.