



## **FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY**

Cumberland River Hospital Inc. (“CRH”) is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay, for medically necessary care. Consistent with its mission to deliver compassionate, high quality, affordable healthcare services and to advocate for those who are poor and disenfranchised, CRH strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. CRH will provide, without discrimination, care of emergency medical conditions to individuals regardless of their eligibility for financial assistance or for government assistance.

To manage its responsibilities and to allow CRH to provide assistance to the greatest number of individuals in need, CRH has established these general guidelines for providing financial assistance.

### **Eligibility**

In order to be eligible for financial assistance for medically necessary health care services, the patient must qualify for assistance under the CRH’s Charity Policy (“Policy”). The Federal Poverty Guidelines will be used as the basis for determining whether a person or family is Medically Indigent-Eligible.

The necessity for medical treatment of any patient will be based on the clinical judgment of the health care provider without regard to the financial status of the patient. All patients will be treated for emergency medical conditions regardless of ability to pay or to qualify for financial assistance, in accordance with federal and state law.

### **Applying for Financial Assistance**

Patients and families wishing to apply for financial assistance must submit an application along with supporting documentation to the CRH’s Patient Financial Counselor. CRH’s Policy as well as an application is available on their website, [www.cumberlandriverhospital.com](http://www.cumberlandriverhospital.com). Alternatively, the Policy along with application may be requested from the Patient Financial Counselor located at the Hospital. You may direct any questions you may have to 931-243-5214.