

Centura Health will treat all patients in the following manner:

- Centura is dedicated to ensuring that emergency and other medically necessary care is accessible to all patients, regardless of ability to pay, ability to qualify for financial assistance, or the availability of third-party coverage.
- Financial Assistance-eligible patients will not be charged more than our amounts generally billed.

Approved Financial Assistance Adjustment Amounts in Kansas:

- To be eligible for a 100% reduction from gross charges (i.e., full write-off) less any applicable copay, the individual's adjusted household income calculation must be at or below 150% of the current Federal Poverty Guidelines.
- Individuals with adjusted household income calculated between 151%–250% of the current Federal Poverty Guidelines are eligible for assistance.

Federal Poverty Level	Hospital Charges				Professional Charges
	Patient Responsibility (Inpatient, Observation, Same Day Surgery)	Patient Responsibility (Outpatient Recurring)	Patient Responsibility (Emergency)	Amount Of Financial Assistance Approved	All Professional Fees Associated with Any Centura Service
0–150%	\$650 copay per visit	\$50 copay per visit	\$50 copay per visit	100% (less copay)	15% of charges
151–200%	10% of charges	10% of charges	10% of charges	90%	25% of charges
201–250%	20% of charges	20% of charges	20% of charges	80%	35% of charges

Centura Health will:

- Suspend any collection activity during the consideration of a completed financial assistance application. A note will be entered into the patient's account to suspend collection activity until the financial assistance process is complete. If the account has been placed with a collection agency, the agency will be notified to suspend collection efforts until a determination is made. This notification will be documented in the account notes.
- Notify the individual in writing generally within 60 days after receiving a completed application of the eligibility determination and the basis for the determination.
- Take any and all reasonably available measures to remove from the individual's credit report any adverse information that was previously reported to a consumer credit agency/credit bureau if the request for financial assistance is approved.
- Provide the individual with a billing statement that indicates the final amount owed.

For help with applying for Centura Health Financial Assistance or obtaining the Financial Assistance Policy or Application, we have these various options available:

- Please email us at ptaccessbillingissues@centura.org
- Call us toll free at 1-888-269-7001
- Go to our website <http://www.centura.org/for-patients-and-families/billing-and-financial-services/financial-help/>
- Call or visit the Financial Counselor/Health Benefit Advisor in the Patient Access department at the facility where you received care.



To take the first step in applying for Centura Health Financial Assistance, please contact the Financial Counselor at the hospital where you received your medical care.

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Bob Wilson Memorial Grant County Hospital
415 N. Main
Ulysses, KS 67880
Main Hospital: 620-356-1266
Financial Counseling: 620-356-1266

St. Catherine Hospital
401 E. Spruce Street
Garden City, KS 67846
Main Hospital: 620-272-2222
Financial Counseling: 620-272-2454