



Harney District Hospital

557 W. WASHINGTON • BURNS, OR 97720 • 541-573-7281 • www.harneydh.com

Plain Language Summary of Harney District Hospital's Financial Assistance Policy

No one will be denied access to services due to an inability to pay. There is a discounted/sliding fee scale schedule available based on family size and income.

A patient of Harney District Hospital is eligible for financial assistance if he or she meets certain income eligibility criteria that are derived from the Federal Poverty Income Guidelines (FPG) posted annually in the Federal Register by the Department of Health and Human Services.

(<http://aspe.hhs.gov/poverty-guidelines>). Financial assistance will be based on the following eligibility criteria and discount percentages:

Family Income as a Percent of Federal Poverty Income Guidelines	% Discount of Total Patient Responsibility on Account
0% - 200%	100%
201% - 300%	75%
301% - 350%	50%
351% - 400%	25%

To be considered for financial assistance, the patient and/or guarantor must submit a complete Financial Assistance application form (the "application form") to the hospital's Patient Financial Services department with supporting documentation as outlined on the form. Information about the Financial Assistance Policy and assistance with the application process may be obtained by visiting the hospital's Patient Financial Services office or calling the office at 541-573-8638.

Copies of the application form and the full Financial Assistance Policy may be fully downloaded from the hospital website at <http://www.harneydh.com/services/patient-financial-services/>; picked up at the hospital's emergency room, admissions areas or Patient Financial Services office; or received by mail by calling 541-573-8638.

Spanish translations of this plain language summary, the full Financial Assistance Policy, and the application form are available upon request.

No patient who is determined to be eligible for financial assistance for care will be personally responsible for paying more than the amount generally billed to insurers for such care.