



555 Prospect Avenue | PO Box 2740 | Estes Park, CO 80517

## Financial Assistance Policy

Estes Park Health provides quality healthcare services to all patients without discrimination, regardless of their ability to pay.

Those patients without the income, financial resources or third-party insurance coverage to pay for hospital services shall be deemed by Estes Park Health to be in need of financial or charity assistance.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Estes Park Health procedures for obtaining charity or other forms of payment or financial assistance and contribute to the cost of their care based on their individual ability to pay.

## Definitions

**Charity/Financial Assistance:** The inability to pay for medical services.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for the purposes of the provision of financial assistance.

**Uninsured (Self-Pay):** The patient has no third-party insurance coverage to pay for hospital services.

**Underinsured:** The patient has third party insurance coverage which pays for a portion of hospital services leaving the patient with out-of-pocket expenses that exceed his/her financial abilities.

**Emergency Medical Conditions:** A sudden medical condition where the absence of immediate medical attention could result in placing the individual's health in serious jeopardy or result in serious impairment to bodily functions or serious dysfunction of bodily organs or parts.

**Medically Necessary as Defined by Medicare:** Services or items reasonable and necessary for the diagnosis or treatment of illness or injury.

## Procedures

### Services Eligible Under This Policy

For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Estes Park Health without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity or financial assistance:

- Emergency medical services provided in an emergency room setting
- Services for a condition which if not promptly treated would lead to an adverse change in the health status of an individual
- Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting
- Medically necessary services evaluated on a case-by-case basis at Estes Park Health discretion



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### Eligibility for Charity

Eligibility for charity will be considered for those individuals who are uninsured, underinsured and ineligible for any government healthcare benefit program, and who are unable to pay for their care based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Estes Park Health will look at other sources of payment prior to offering Charity care such as Hospital Discount Care (HDC) or Medicaid/CHP+.

Charity Care requests may be initiated by the patient, guarantor or responsibly party, employee, physician or other relevant person.

### Eligibility Evaluation

Patients will be asked to complete a Financial Assistance Application (Financial Counselors are available to help complete the application) and provide supporting documentation which may include the following:

- Photo Identification
- Family Size
- Income Documentation
  - Income Tax Return
  - Copies of last 3 month pay stub(s)
  - If married, copy of spouse's last 3 month pay stub(s)
  - Expenses (including medical bills)
  - Complete Bank Statements for the last 3 months

The Financial Assistance Application will be reviewed, and approval will be based on Federal Poverty Level Guidelines (FPG). The patient will be informed of their patient responsibility.

If unable to pay in full, the patient may contact a Financial Counselor at Estes Park Health to make payment arrangements. 970-577-4327.

### Payment Plan Guidelines

**Self-Pay:** Estes Park Health does expect payment at the time of service. If you do not have insurance and are unable to pay in full at the time, please contact the billing office (970-577-4530) to discuss possible payment options. Self-pay patients may be offered up to a 25% discount on services.

**Prompt Pay Discount:** A 10 % prompt pay discount, after deductible and coinsurance is applied, is available to patients who pay their account in full within 45 days of their first bill.

EPH charges are consistent for services, regardless of a patient's ability to pay. EPH works with patients to provide payment plan options. Payment Plan Options include:

- Cash, checks or money orders
- Credit Cards: Visa, MasterCard, Discover, American Express or HSA cards
- Online bill pay at [eph.org/billingandpayments](http://eph.org/billingandpayments)
- 18-month payment contracts with no interest

To set up a payment plan call:

**Local:** 970-577-4530 **Toll Free:** 844-526-9171