

## **JRMC Financial Assistance Plain Language Summary**

JRMC recognizes there are many uninsured and/or underinsured people in the community and we are committed to providing programs by which those people can receive medical care and be billed fairly according to their means and ability to pay.

- A. Treat all patients equitably, with dignity, respect and compassion.
- B. Provide emergency services regardless of a patient's ability to pay.
- C. Assist patients who cannot pay for all or part of their care.
- D. Recognize patients and their families have a responsibility to help qualify them for financial assistance.
- E. Develop and administer financial assistance policies fairly.
- F. Utilize multiple communication approaches to inform patients of the financial assistance available and provided.

## **Federal Poverty Guidelines**

At Jefferson Regional Medical Center we use the Federal Poverty Guidelines to define our financial assistance policy. If your total household income is under the Federal poverty amount, you pay nothing. For those with insurance, financial assistance may be granted to balances remaining after insurance pays (underinsured) if the Federal Poverty Guidelines are met. Proof of income and assets is required.

## **Amounts Generally Billed**

**Amounts Generally Billed (AGB)** means the amounts generally billed for care to individuals who have third party coverage for such care. JRMC defines and calculates the AGB using the following method: Retrospective look back including Medicare and commercial payer percentages combined. Any patient who qualifies for Financial Assistance through JRMC's Financial Assistance Policy will not be billed for more than the amounts generally billed described above.

## **Financial Aid Application**

To inquire about a financial aid application you may call the JRMC Business Office Patient representatives Monday through Friday 8 a.m. to 5 p.m. at (870)-541-7964 to begin the process or request an application at no cost to you by mail. You may also download a copy of the application in PDF form on our website at [www.jrmc.org](http://www.jrmc.org) or pick up an application at 1600 W 40<sup>th</sup> Street, Pine Bluff Arkansas.

The completed application should be accompanied by the following supporting documents or their equivalent:

1. Last two pay stubs for each employed member of the household.
2. Last two years tax returns for self-employed individuals.
3. Proof of residency such as driver's license, utility bills, lease agreement, etc.
4. Household members with no income should provide two letters from a friend or neighbor containing an explanation of how the patient's basic financial needs are being met.

## **Partial Financial Assistance Discounts**

A sliding scale from 101% up to 300% of Federal Poverty Guidelines is used to calculate a percentage financial assistance write-off. In other words, a family making three times the Federal Poverty Guidelines may be eligible for a 20% financial assistance discount. Proof of income and assets is required.

## **Discounted Financial Assistance for the Uninsured**

Patients without health insurance coverage and who are not eligible for financial assistance based on income may still be eligible for a discount. Under this program an expanded income eligibility process will be used and may qualify you for up to a 20% discount. To receive this discount, you are responsible for pursuing and responding to requests for information within 30 days from the date of discharge. An acceptable payment arrangement made with the Business Office can extend this deadline. Patients who have insurance coverage are not eligible for this discount, but may be eligible for a financial assistance discount if income qualified.

## **Medicaid Eligibility Screening Service**

Jefferson Regional Medical Center makes every effort to assist patients who may qualify for Medicaid to apply for this type of government assistance. Many patients qualify but do not know they meet the guidelines. Eligibility is always determined by the State agency, but we will screen you for eligibility and refer you to the proper authorities to make an application.

## **Financial Counseling**

Jefferson Regional Medical Center is committed to assisting our patients (customers) with their bills. Through the financial counseling process, we can assist you in determining your eligibility to any of the above programs. Also, we will assist you in making the financial arrangements necessary to pay your hospital bill. The possibilities include satisfactory payment plans that are within your budget. Our Financial Counselors are here to help you in paying your hospital bill or assisting you in determining your eligibility for one of our financial assistance programs.

JRMC will make every effort to provide financial assistance to all patients who qualify. This policy does not intend to restrict anyone's access to assistance. However, there may be other limitations not outlined here which may apply to specific cases. Talk with your patient representative for more details. You may call our patient representatives Monday through Friday 8 a.m. to 5 p.m. at (870) 541-7964. Through this assistance you can obtain balance information, learn what insurance the hospital has on file for you, or request a copy of an itemized bill.

## **Financial Assistance Application/Policy Translation**

The JRMC Financial Assistance Policy will be available in English and Spanish translations.