

Financial Assistance Information

Memorial Community Hospital & Health System (MCH) recognizes an individual's right to quality health care regardless of age, sex, race, religion, national origin, or ability to pay. MCH will provide medically necessary services to patients who have limited or no financial means. Financial assistance is provided to patients with a demonstrated inability to pay.

MCH offers a generous financial assistance program. The program assists uninsured and under insured patients.

Financial assistance is based on the United States Department of Housing and Urban Development's (HUD) household income guidelines and the number of people living in your household. You may qualify for a discount ranging from 50% to 100% of your bill.

The application process is not complicated. Simply complete the form on the inside of this brochure and mail or return it to the MCH billing office with a copy of the required proof of income documentation. All items must be included before the application can be processed. If you are approved for financial your current balance will be reduced by the approved amount. The assistance reduction will remain in place for the following six months for any additional medically necessary services. If you require assistance after the six month time frame, please contact us to the begin the reapplication process.

Business office personnel will work with patients to find payment solutions when necessary. If you do not meet the criteria for financial assistance, we have other options available, such as:

- Monthly payment plans
- Low interest bank loans

If you have any questions, please contact:

By Mail:
MCH Business Office
P.O. Box 250
Blair, Nebraska 68008

By Phone:
402-426-1255
Toll Free: 1-800-689-4756
Fax: 402-426-1172
Monday-Friday: 8:00am - 4:30pm

In person:
MCH
Blair Clinic
Blair Walk-in Clinic
Fort Calhoun Clinic
Cottonwood Clinic

PLEASE RETURN APPLICATION TO:
MCH Business Office
P.O. Box 250
Blair, Nebraska 68008



Memorial Community
Hospital & Health System
Blair • Fort Calhoun • Tekamah

Financial Assistance Information & Application



Mission

To partner with our community to heal, nurture, and promote wellness.

www.mchhs.org



Financial Assistance Information & Application

Name _____ Date of Birth _____ SS# _____

Account # _____ Amount currently owed? _____ (if you are not sure, leave blank)

Please answer the following questions honestly and as accurately as possible, sign, and date at the bottom. If you qualify you may be eligible for a full or partial forgiveness of your balance due.

1. Have you had health insurance coverage within the last 3 months Y N

2. Have you applied for Medicaid or Disability Y N

3. How many people live in your household? _____ Their ages? _____

4. What is your combined gross household income for last year? (Please include income for every person in your household over age 19) _____

If you had no income, please provide an explanation of how your bills were paid. _____

If you live with others, did they provide any financial support for you, such as free or reduced rent or free meals? Y N

5. Will your household income be significantly different this year Y N

If yes, why and how much? _____

PROOF OF INCOME: THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

Federal Tax Return (most recent)

Last Two Pay Stubs for yourself and spouse

Last Two Bank Statements

OTHER INCOME SOURCE DOCUMENTATION:

Social Security

Disability

Unemployment

VA Assistance

Workman's Comp

Railroad retirement

Public Assistance

Child Support

Food stamps

Energy Assistance

Alimony or other income _____

Please note: If we determine that you are eligible for assistance, this determination will remain in effect for six months. All required documentation must be returned along with a completed application for a review to take place. Please feel free to contact us with any questions regarding your specific situation at 402-426-1255.

Signed _____ Date _____