

**Van Buren County Hospital**  
**FINANCIAL ASSISTANCE POLICY SUMMARY**

It is the policy of Van Buren County Hospital (the "Hospital") to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the Hospital.

**PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE**

To receive financial assistance under the Financial Assistance Policy (the "Policy"), you must be financially *indigent*.

To be "financially indigent," you must be uninsured or underinsured and have a household income equal to or less than 200% of Federal Poverty Level ("FPL"). However, even if your household income equals or is below the required FPL, you may not qualify as "financially indigent" if your net worth exceeds 300% percent of your total medical bills from the Hospital. Net worth is determined based on your assets, including any homes, land, or property, etc. net of any liabilities other than your Hospital bills. If you qualify as "financially indigent," financial assistance will be provided based on a sliding fee scale comparing household income to a percent of FPL as set forth in the Policy.

If you are eligible for financial assistance, you will not be charged more than amounts generally billed to patients who have health insurance. You may be given more financial assistance if the discount for which you qualify does not satisfy this requirement.

**HOW TO APPLY**

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to Patient Financial Services at 304 Franklin Street, Keosauqua, IA 52565.

There are time guidelines for applying for Financial Assistance. Patients will have the longer of up to 240 days after their statement for the date of service to apply or 30 days after the date the Hospital provides the patient a final notice to start the collections process.

Patients who may be eligible for Medicaid and fail to apply for Medicaid within thirty (30) days of the Hospital's request are not considered eligible for financial assistance under this policy. For those objecting based on religious beliefs to verification of income through Medicaid application, alternate arrangements for verification of income will be made.

A copy of the Policy and a financial assistance application may be obtained at no charge by going to the Hospital's website, [www.vbch.org](http://www.vbch.org), or by visiting the Hospital's Admissions Desk, the Emergency Room Desk or Patient Financial Services. The Policy and a financial assistance application may also be sent to you by mail free of charge by contacting Patient Financial Services at 319-293-6415 or [Bethany.thomas@vbch.org](mailto:Bethany.thomas@vbch.org).

**FURTHER INFORMATION & ASSISTANCE WITH APPLYING**

If you have questions about financial assistance or need assistance with applying for financial assistance, you may contact Patient Financial Services at 304 Franklin Street, Keosauqua, IA | 319-293-6415.