



## **Financial Assistance Policy Summary**

The Carroll County Memorial Hospital Financial Assistance Policy (FAP) exists to provide eligible patients or other responsible parties partially or fully discounted emergent or medically- necessary care. Patients or financially responsible parties that are seeking financial assistance must apply through an application process.

**Eligible Services:** Emergency and/or medically necessary healthcare services provided by Carroll County Memorial Hospital and associated primary care clinics.

**Eligible Patients:** Patients receiving eligible services, who submit a completed Financial Assistance (FA) application (including related documentation and information), and who are determined eligible for FA by Carroll County Memorial Hospital Patient Advocate.

**How to Apply:** FA applications may be obtained/ completed/ submitted as follows:

- Obtain an application at any Carroll County Memorial Hospital facility registration desks or at the Patient Advocate office(s) located at CCMH.
- Request to have an application mailed to you or if you have any questions call (660) 542-1695 ext 3013
- Request an application by mail at Carroll County Memorial Hospital, 1502 N Jefferson, Carrollton, MO 64633
- Download an application through the Carroll County Memorial Hospital website: <https://www.carrollcountyhospital.org/patients/financial-assistance-policy>

**Determination of Financial Assistance Eligibility-** Generally, patients are eligible for financial assistance based on their income level and family size. Patients over 200% of the federal poverty guideline (FPL) will be assessed on income level, family size and other assets. Patients or financially responsible parties with family income of 100%- 200% of FPL or less may be eligible for a discount up to 100%. See Exhibit A for FPL and Discount information.

Patients or financially responsible parties with family income over 250% - 400% of the federal poverty level may be eligible for a discount from 65%- 80%. See Exhibit B for FPL and Discount information.

Eligible patients will not be charged more, for emergency or other medically necessary care, than the Amount Generally Billed (AGB), based on Medicare fee-for-service rates.

If you have any questions please call the Patient Advocate at Carroll County Memorial Hospital at (660) 542-1695 ext 3013.

Created/ Revised on 01/18/2021



**Exhibit A**

## Family Size and Income as a percent of Federal Poverty Level (FPL) Guidelines

Family Size	100% Discount		100-85% Discount					
	100% FPL		138% FPL		150% FPL		200% FPL	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$1,073.33	\$ 12,880.00	\$ 1,481.20	\$ 17,774.40	\$ 1,610.00	\$ 19,320.00	\$2,146.67	\$ 25,760.00
2	\$1,451.67	\$ 17,420.00	\$ 2,003.30	\$ 24,039.60	\$ 2,177.50	\$ 26,130.00	\$2,903.33	\$ 34,840.00
3	\$1,830.00	\$ 21,960.00	\$ 2,525.40	\$ 30,304.80	\$ 2,745.00	\$ 32,940.00	\$3,660.00	\$ 43,920.00
4	\$2,208.33	\$ 26,500.00	\$ 3,047.50	\$ 36,570.00	\$ 3,312.50	\$ 39,750.00	\$4,416.67	\$ 53,000.00
5	\$2,586.67	\$ 31,040.00	\$ 3,569.60	\$ 42,835.20	\$ 3,880.00	\$ 46,560.00	\$5,173.33	\$ 62,080.00
6	\$2,965.00	\$ 35,580.00	\$ 4,091.70	\$ 49,100.40	\$ 4,447.50	\$ 53,370.00	\$5,930.00	\$ 71,160.00
7	\$3,343.33	\$ 40,120.00	\$ 4,613.80	\$ 55,365.60	\$ 5,015.00	\$ 60,180.00	\$6,686.67	\$ 80,240.00
8	\$3,716.67	\$ 44,600.00	\$ 5,129.00	\$ 61,548.00	\$ 5,575.00	\$ 66,900.00	\$7,433.33	\$ 89,200.00
For Addtn'l persons, add:	\$ 378.33	\$ 4,540.00	\$ 522.10	\$ 6,265.20	\$ 567.50	\$ 6,810.00	\$ 756.67	\$ 9,080.00

\* This table is based on Federal Poverty Guidelines and currently reflects 2021 guidelines set for 48 states (<https://aspe.hhs.gov/poverty-guidelines>)



**Exhibit B**

## Family Size and Income as a percent of Federal Poverty Level (FPL) Guidelines

Family Size	80%- 65% Discount					
	250% FPL		300% FPL		400% FPL	
	Monthly	Yearly	Monthly	Yearly	Monthly	Yearly
1	\$ 2,683.33	\$ 32,200.00	\$ 3,220.00	\$ 38,640.00	\$ 4,293.33	\$ 51,520.00
2	\$ 3,629.17	\$ 43,550.00	\$ 4,355.00	\$ 52,260.00	\$ 5,806.67	\$ 69,680.00
3	\$ 4,575.00	\$ 54,900.00	\$ 5,490.00	\$ 65,880.00	\$ 7,320.00	\$ 87,840.00
4	\$ 5,520.83	\$ 66,250.00	\$ 6,625.00	\$ 79,500.00	\$ 8,833.33	\$ 106,000.00
5	\$ 6,466.67	\$ 77,600.00	\$ 7,760.00	\$ 93,120.00	\$ 10,346.67	\$ 124,160.00
6	\$ 7,412.50	\$ 88,950.00	\$ 8,895.00	\$ 106,740.00	\$ 11,860.00	\$ 142,320.00
7	\$ 8,358.33	\$ 100,300.00	\$ 10,030.00	\$ 120,360.00	\$ 13,373.33	\$ 160,480.00
8	\$ 9,291.67	\$ 111,500.00	\$ 11,150.00	\$ 133,800.00	\$ 14,866.67	\$ 178,400.00
For Addtn'l persons, add:	\$ 645.83	\$ 11,350.00	\$ 1,135.00	\$ 13,620.00	\$ 1,513.33	\$ 18,160.00

\* This table is based on Federal Poverty Guidelines and currently reflects 2021 guidelines set for 48 states  
(<https://aspe.hhs.gov/poverty-guidelines>)