

Ascension Via Christi Health, Inc.

Summary of Financial Assistance Policy

Ascension Via Christi Health has a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Via Christi Health has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Via Christi Health provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Via Christi Health. This summary provides a brief overview of Ascension Via Christi Health's Financial Assistance Policy.

Who Is Eligible?

You may be able to get financial assistance. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, you will receive a 100% charity care write-off on the portion of the charges for which you are responsible less the charity care copay amounts for services rendered. Emergency, Observation and or Inpatient services will have a copay due of \$100.00 per visit. Outpatient hospital and or Ambulatory Clinic services will have a copay due of \$25.00 per visit. Wichita Residency Clinic visits will have a copay due of \$15.00 per visit. If your income is above 250% of the Federal Poverty Level but does not exceed 400% of the Federal Poverty Level, you may receive discounted rates on a sliding scale. Patients who qualify for presumptive charity will be billed a copay amount as outlined above. Patients who are eligible for financial assistance will not be charged more for eligible care than the amounts generally billed to patients with insurance coverage.

What Services Are Covered?

The Financial Assistance Policy applies to emergency and other medically necessary care. These terms are defined in the Financial Assistance Policy. Elective services are not covered by the Financial Assistance Policy.

How Can I Apply?

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application.

How Can I Get Help with an Application?

For help with a Financial Assistance Policy application, you may contact Ascension Via Christi Financial Counseling Department located at 929 N. St. Francis, Wichita, KS 67214 or by calling 1-888-244-2266

How Can I Get More Information?

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at, viachristi.org and at the following locations:

Ascension Via Christi Hospitals in Wichita, 929 N. St. Francis Wichita KS 67214

Ascension Via Christi Hospitals in Pittsburg, One Mt. Carmel Way Pittsburg KS 66762
Ascension Via Christi Hospitals in Manhattan, 1823 College Avenue Manhattan KS 66502
Wamego Health Center, 711 Genn Drive Wamego KS 66547

Free copies of the Financial Assistance Policy and Financial Assistance Policy application also can be obtained by mail by calling Ascension Via Christi's Financial Counseling Department at 1-888-244-2266. Additional information about the Financial Assistance Policy also is available at or by telephone at 1-888-244-2266.

What If I Am Not Eligible?

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Ascension Via Christi Financial Counseling Department located at 929 N. St. Francis, Wichita, KS 67214 or by telephone at 1-888-244-2266.

Translations of the Financial Assistance Policy, the Financial Assistance Policy application, and this plain language summary are available in the following languages upon request:

Spanish
Vietnamese