



## **Community Care Policy Plain Language Summary**

### **Community Care Policy – Plain Language Summary**

The Plain Language Summary is being provided to you to help explain Heart of America Medical Center's policy. It summarizes eligibility requirements for assistance and provides contact information so that you can obtain further information regarding the Policy or applying for financial assistance.

#### **Do I qualify?**

Patients whose family income does not exceed twice the Federal Poverty Guidelines may be eligible for financial assistance. Proof of income must be provided, including at least one of the following: tax return and supporting schedule for previous year, most recent 3 months of pay stubs, most recent 3 months of bank statements, or social security / disability benefits.

Patients who are eligible for financial assistance will not be charged more than an amount generally billed for emergency or other medically necessary care. Patients must complete a Community Care Application in order to be considered under Heart of America Medical Center's Community Care Program. Patients must apply for financial assistance within 240 days of the date a patient is sent the first statement due for that date of service.

#### **How do I obtain more information?**

The Community Care Policy and Application provide more detailed information regarding eligibility and the application process. The Community Care Policy and the Application is available in English. You can obtain a copy of the Community Care Policy and the Application by visiting our website:

<http://www.hamc.com/billpay/community-care-program/Default.asp>

or by sending a written request to:

Heart of America Medical Center  
Attn: Business Office  
800 S Main Ave  
Rugby, ND 58368

or by calling Business Office, Patient Account Representative, at 701-776-5261- Monday thru Friday between the hours of 8:00 a.m. and 4:30 p.m.