

612 Center Avenue No.
P.O. Box 450
Ashley, ND 58413-0450
(701) 288-3433

Financial Assistance Policy

Ashley Medical Center (AMC) is dedicated to providing compassionate care to all members of our community, regardless of their ability to pay. We understand that medical expenses can be a burden, and we are committed to ensuring that financial constraints do not prevent individuals from accessing the healthcare services they need. Our Financial Assistance Policy is designed to assist patients who are uninsured, underinsured, or facing financial hardship, so they can receive quality medical care without undue financial stress. **Ashley Ambulance is not covered under this policy.**

Eligibility Criteria:

To be eligible for financial assistance, patients must meet the following criteria:

Income: Patients must demonstrate financial need based on their income levels relative to the Federal Poverty Guidelines Sliding Fee Scale

Insurance Status: Patients who are uninsured, underinsured, or have insurance coverage with high out-of-pocket expenses may qualify for financial assistance. Individuals with Medicaid may qualify for financial assistance.

Application Process:

Patients seeking financial assistance must complete an application form, which is available at Ashley Medical Center's business office or online (www.amctoday.org). The application requires patients to provide information about their income, assets, household

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size, and medical expenses. Additionally, patients may be required to submit supporting documentation, such as tax returns, pay stubs, bank statements, etc.

Evaluation and Determination:

Once the application is submitted, Ashley Medical Center's financial assistance team will review the information provided and assess the patient's eligibility for assistance. This evaluation process will consider factors such as income, household size, and medical expenses. Patients will be notified of the decision in writing when the financial assistance team makes the determination.

Approved Financial Assistance:

An approved financial assistance application covers outstanding balances for 6 months prior to application approval as well as any balances incurred within 12 months after the date of approval. Ashley Medical Center may approve financial assistance outside of this time period if it feels extenuating circumstances exist.

Financial Assistance Options:

Depending on the patient's financial situation and medical needs, Ashley Medical Center offers the following financial assistance options:

Discounted Services: Eligible patients may receive discounts on hospital charges based on their income and financial need.

Charity Care: In cases of extreme financial hardship, AMC may provide charity care, which covers all or a portion of the patient's medical expenses.



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Payment Plans: Patients who are unable to pay their medical bills in full may qualify for flexible payment plans, allowing them to pay their balance over time without accruing interest.

Confidentiality and Respect:

Ashley Medical Center respects the privacy and confidentiality of all patients seeking financial assistance. All information provided in the application process will be kept confidential and used solely for the purpose of evaluating eligibility for assistance. Patients will be treated with dignity and respect throughout the financial assistance process.

Conclusion:

At the Ashley Medical Center we believe that everyone deserves access to quality healthcare, regardless of their financial circumstances. Our Financial Assistance Policy reflects our commitment to serving our community and ensuring that no patient is turned away due to inability to pay. We encourage patients facing financial hardship to explore our assistance options and reach out to our business office for support.

Effective Date: 4/29/2024
Last Revised: 10/5/2026