



United Regional Health Care System, Inc. Financial Assistance Policy Summary

Eligibility

United Regional Health Care System Inc. ("Hospital") offers reduced or no charge services for all emergency or other medically necessary care for individuals eligible under our Financial Assistance Policy ("FAP"). Eligibility is based on the Hospital's Financial Assistance Policy which includes using the Federal Poverty Guidelines, number of dependents, and gross annual income along with supportive income documents. Additional means of determining eligibility may be utilized by the hospital if individual circumstance supports that a completed application is not practical. Any third party resource that may be available to the patient must be used before assistance is approved by the Hospital. If applicable, a review by the Hospital's third party eligibility vendor will also be required. Cosmetic Procedures, pre-set cash only procedures and non-covered screening services are not eligible for Financial Assistance.

Income Guidelines

Patients eligible for the Hospital's Financial Assistance will not be charged more than the amount generally billed for emergency or other medically necessary care. The Hospital will use the Look Back Method for determining the percentage allowed to be applied to gross charges to determine the generally billed amount to be considered for financial assistance. For 2024, patient services eligible for the hospital financial assistance program will be charged no more than 65% of their gross charges.

The detail of this information is available upon request by calling the business office at 940-764-7937.

If meeting the Hospital's Financial Assistance Policy requirements, patients with income from all sources up to 175% of current Federal Poverty Guidelines will qualify for 100% discount of their Hospital service. Patients not eligible for 100% will have the appropriate reduction applied according to the Hospital's Financial Assistance Policy. Patients with income from all sources greater than 175% of current Federal Poverty Guidelines and up to 400% of Federal Poverty Guidelines may qualify for discounts of 65% or 20% of their gross yearly income whichever is less. Household income exceeding 400% of Federal Poverty Guidelines will only be considered if their financial responsibility exceeds 20% of their annual income.

Collection Procedures

Normal collection procedures will be followed for all patients unless the Hospital's Financial Assistance Application Form is completed and submitted to the Hospital. Patients with incomplete applications will receive written notification identifying the additional information and the final date information or payment must be received to prevent submission of account to an outside agency for collection. The Hospital's detailed Collection Policy is available on the website listed below or upon request.

Information on Obtaining the Hospital Financial Assistance Application Form and Policies

Additional information along with a printable Hospital Financial Assistance Form, a summary of the Hospital Financial Assistance Policy, Full Detailed Hospital Financial Assistance Policy and the detailed Hospital Collection Policy is available at our website, <http://www.unitedregional.org/financial-assistance>. You will be able to see an example of the federal poverty guidelines by clicking on the link <http://aspe.hhs.gov/poverty/>. To print the Hospital Financial Assistance Application Form, go to the bottom of the page and click on [Download the Assistance Application](#). This form and the policies listed are also available in Spanish.

Hospital Methods of Providing the Hospital Financial Assistance Application Form

Applications at no cost will be mailed to you by calling the Business Office at 764-8242. The Hospital Financial Assistance Summary Policy and the Hospital Financial Assistance Application Form may be reviewed and printed by following the instructions in the above paragraph with the web site links. The Hospital Financial Assistance Form is also available on the back of each monthly statement. Paper copies of the Hospital Financial Assistance Application Form and Hospital Financial Assistance Policy Summary may be obtained from the Admissions Office located on the first floor of the Bridwell Tower, or the main cashier window located on the second floor of the Bethania Building as well as in the Emergency Department. Our Applications are available in English or Spanish and we do have other language assistance resources upon request.

Questions and Assistance in Completion of Financial Assistance Application Form

For further questions or assistance in completion of the assistance application, please call our Business Office at 940-764-8242. You may also request a summary or complete copy of our Financial Assistance Policy from any Business Office employee or by calling or requesting the policy in writing to: Financial Assistance Processor – United Regional, 1600 Eleventh Street, Wichita Falls, TX 76301. Additional comments or questions may be sent to our email: wsbilling@unitedregional.org