

## Financial Assistance – Plain Language Summary

The South Arkansas Regional Hospital ("SARH") Financial Assistance Policy exists to provide free or discounted care to eligible patients receiving medically necessary or emergent care. The full policy is summarized herein.

**Eligible Services** – Medically necessary and/or emergent healthcare services provided and billed by SARH are eligible for financial assistance. Other services which are separately billed by other providers, such as separate physicians or laboratories, are not eligible for financial assistance under this policy. Elective procedures are not eligible for financial assistance under this policy.

**Eligible Patients** – Patients receiving eligible services who submit a complete application for financial assistance and meet the criteria for financial assistance eligibility below and described in the full Financial Assistance policy will be approved by SARH.

## **Determination of Financial Assistance Eligibility**

Income as a % of Federal Poverty Scale	SARH Discount
138% or Less	100%
138.01% - 150%	75%
150.01% - 175%	50%
175.01% - 200%	25%
200.01% or more	0%

The current Annual Poverty Guidelines are published by the U.S. Department of Health and Human Services and available at <a href="https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines">https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines</a>. Other factors that will be considered when determining eligibility include, but are not limited to, investments, financial accounts, real estate, other assets, family size, net worth, employment status, earning capacity and other financial obligations.

**How to Apply** – Application for financial assistance are available at any point during the patient's visit or during the billing process by contacting Patient Financial Assistance at 870-863-2000 and can also be obtained at SARH's website at <a href="https://sarhcare.org/for-patients/#financialassistance">https://sarhcare.org/for-patients/#financialassistance</a>. Completed forms and supporting documentation can be submitted to:

South Arkansas Regional Hospital Patient Financial Assistance 700 West Grove Street El Dorado, AR 71730

For help or questions, please call Patient Financial Assistance at 870-863-2000.