

## Financial Assistance Summary

Lake Region Healthcare has an extensive Financial Assistance Policy. Financial assistance is provided only when care is deemed an emergency and/or medically necessary and after patients have been found to meet all financial criteria. Lake Region Healthcare offers both free care and discounted care, depending on individuals' family size and income. Lake Region Healthcare will not charge patients who are eligible for financial assistance more than the amounts generally billed to insured patients for emergency or medically necessary care. Lake Region Healthcare's Financial Assistance Policy is only available in the English language as the residents served in the community do not constitute 5% or 1,000 persons of any other primary language. If you require translation of this policy please contact the Patient Financial Services Department for assistance.

The assistance is provided on a sliding scale discount based upon verifiable total household income as a percentage of the federal poverty level (FPL) guideline. **Please reference the table below.**

**Notification of availability of our Summary.** Every effort will be made to identify patients needing assistance as early as possible. Lake Region Healthcare will widely

publicize the program through (1) signs at registration areas in our hospital and clinics, (2) summary, and application available on the Lake Region Healthcare website, (3) brochures and other informational materials provided to the patient and family.

**Extraordinary collection activities:** Lake Region Healthcare will not engage in extraordinary collection activities, such as lawsuits or garnishments, before making reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance. Lake Region will make no less than three attempts at collection of the patients outstanding balance prior to sending to a third party debt collection agency.

**How to obtain an application or copy of our policy.** You may obtain an application or a copy of our summary by visiting our website at [www.lrhc.org](http://www.lrhc.org) keyword: financial assistance. If you do not have access to the internet, you may contact a patient account specialist at our Patient Financial Services offices at (218) 736-8000. You may pick up a paper application and/or the policy at 712 South Cascade Street, Fergus Falls, MN 56537, or 126 E. Alcott Ave, Fergus Falls, MN 56537. An application may also be obtained from Fergus Falls Mahube Center at 126 West Cavour Ave., Fergus Falls, MN 56537

### 2020 Federal Poverty Guidelines

Family Size	100%	80%	60%	40%	20%
1	\$22,330.00	\$23,606.00	\$24,882.00	\$26,158.00	\$27,434.00
2	\$30,170.00	\$31,894.00	\$33,618.00	\$35,342.00	\$37,066.00
3	\$38,010.00	\$40,182.00	\$42,354.00	\$44,526.00	\$46,698.00
4	\$45,850.00	\$48,470.00	\$51,090.00	\$53,710.00	\$56,330.00
5	\$53,690.00	\$56,758.00	\$59,826.00	\$62,894.00	\$65,962.00
6	\$61,530.00	\$65,046.00	\$68,562.00	\$72,078.00	\$75,594.00
7	\$69,370.00	\$73,334.00	\$77,298.00	\$81,262.00	\$85,226.00
8	\$77,210.00	\$81,622.00	\$86,034.00	\$90,446.00	\$94,858.00

**\*\* For households with more than eight persons, add \$7,840.00 for each additional person.**