



## Financial Assistance Policy – Plain Language Summary

SoutheastHEALTH ("SEH") is committed to enhancing the health and well-being of the residents in the community. In keeping with our mission, SEH provides free or discounted emergency and other medically necessary care to patients who are either uninsured or underinsured and who qualify for assistance under its Financial Assistance Policy. Financial assistance does not apply to elective services.

### Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy

Patients who qualify for assistance are eligible for discounts for emergency and other medically necessary care based on multiple factors including, income, household size, and for those above 200% of the Federal Poverty Guidelines other available assets may be evaluated. In general:

- **Patients whose household income is at or below 200% of the Federal Poverty Level are eligible for free emergency and medically necessary care.**
- **Patients whose household income is between 200% and 300% of the Federal Poverty Level are eligible for a 75% discount for emergency and other medically necessary care.**

A patient who qualifies for assistance under SEH's Financial Assistance Policy will not be charged more than amounts generally billed to patients with insurance, for emergency or medically necessary care.

### How to Apply for Financial Assistance

To apply for financial assistance, please submit a completed Financial Assistance Application & supporting documentation to Patient Financial Services, 301 S. Broadview Street, Cape Girardeau, MO 63703. To be considered complete, an application must include:

- Completed Financial Assistance Application
- Copies of most recent Federal Tax Return, including all schedules
- Verification of current income, if applicable: examples include the two most recent pay stubs, pension and retirement income, Social Security income, unemployment compensation, workers' compensation, veterans' payments, etc.
- Proof of income from interest, dividends, rents, royalties, income from estates, trusts, alimony, and child support.

For patients found to be above 200% of the Federal Poverty level, SEH may require additional documents, including, but not limited to approval/denial letter from Medicaid, two months of completed bank statements, and other proof of miscellaneous income sources.

### How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application are available free of charge upon written request to Patient Financial Services, {Insert Hospital Specific Address}. Copies can also be found in the admitting/registration areas of the hospital or online at [www.sehealth.org](http://www.sehealth.org).

Further information and complete details about the Financial Assistance Policy may be obtained by calling 573-624-5566, visiting our website at [www.sehealth.org/patients-and-visitors/billing](http://www.sehealth.org/patients-and-visitors/billing) or in-person at the address above.