



F.W. HUSTON
MEDICAL CENTER

“We care for those you care for”

Charity Care Policy

F.W. Huston Medical Center treats patients in our service areas without regard to their ability to pay for the services. Realizing that many in our service area need special consideration in this regard, this policy identifies the procedures and qualifications for patients to apply for and receive care without the requirement for payment for those services.

Patients presenting for services who request consideration under the Hospital’s Charity Care Policy will have their income and family size evaluated against the Health And Human Services Federal Poverty Guidelines as published in the Federal Register from time to time.

The waiver of the payment requirement for services will be based on the following:

Below 100% of the Federal Guideline	100% Waiver
100% to 150% of the Federal Guideline	80 % Waiver
150% to 225% of the Federal Guideline	50% Waiver
Over 225% of the Federal Guideline	No Waiver

Waivers issued under this policy shall be for a period of 90 days. Any hospital services received during the 90 day waiver period shall be waived without re-application. F.W. Huston Medical Center reserves the right to verify that the individual continues to meet the qualifications any time during the waiver period. The recipient of the waiver shall agree to notify F.W. Huston Medical Center of any change that might affect the status or the level of the waiver.

All applications for Charity Care shall be made on the attached form and submitted to the Business Office Manger (or designee). Proof of income and family size shall be submitted with the application. Acceptable documents for submitting proof shall include the most recent filed Federal Individual Income Tax (1040), the most recent payroll stub (which includes year-to-date information), or other Federal or State of Kansas documents indicating those governmental entities determination that the individual meets the Federal Poverty Guidelines.

The application shall be reviewed promptly and a determination shall be made within 30 days from the time all required documentation has been received by the Hospital. The determination shall be in writing and will identify the approval or denial of the application.