



**Rural Health Clinics**  
**Cedar Vale • Dexter • Moline • Sedan**  
[www.wnhcares.org](http://www.wnhcares.org)

**Financial Assistance Summary**

In order to promote the health and well-being of the community served, individuals with limited financial resources who are unable to access entitlement programs shall be eligible for free or discounted health care services based on established criteria. Eligibility criteria will be based upon 120 to 200% Federal Poverty guidelines [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty) and will be revised annually in conjunction with the published updates by the United States Department of Health and Human Services.

**Urgent Care Policy**

The clinic provides care to anyone needing urgent healthcare treatment regardless of citizenship, legal status or ability to pay. When appropriate a transfer to another facility better equipped to administer the treatment will be arranged even if you cannot pay or do not have medical insurance. The necessity for medical treatment of any patient will be based on the clinical judgment of the provider without regard to the financial status of the patient. All patients will be treated with respect and fairness regardless of their ability to pay.

**Financial Assistance Application Process**

Financial applications are located at the front desk and hospital website [www.wnhcares.org](http://www.wnhcares.org). In order to receive a financial application by mail, contact the clinic office. The application must be filled out in its entirety with required documentation included. Failure to submit the requested information may result in denial of the application because the financial eligibility could not be determined. Services rendered prior to the financial assistance approval period are the responsibility of the patient subject to payment policy guidelines, including prior accounts residing with agencies or law firms. You must contact these agencies or law firms directly.

**Eligibility**

To be eligible for a 100% reduction from the patient portion of billed charges, the family household income must be at or below 120% of the current Federal Poverty Guidelines [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty). If you fall between 120 to 200% of the Federal Poverty Guidelines an adjustment will be applied decreasing your gross charges. If a determination leaves the patient with a self-pay balance, payment terms will be established from the payment policy.

- Private pay account can be eligible for (1) Amount Generally Billed adjustment and (2) Financial Assistance adjustment.
- Insurance account can be eligible for (1) Insurance Contractual adjustment.  
(2) Financial Assistance adjustment on balance after insurance.



- a. Are any members of your family unable to work due to age, illness or injury?
- b. What members of the family are employed? If not employed, date last worked \_\_\_/\_\_\_/\_\_\_ and name of previous employer?
- c. Are there any other medical or financial problems within the household?
- d. Has the patient/guarantor filed for bankruptcy recently?

Monthly Income: Include with your application proof of all income for (1) current month: i.e. pay stubs (gross wages), social security statement, W-2's, tips, disability, self employment, alimony, child support, military, unemployment, pensions, annuities, veteran's payments and public aid. If a bank statement is provided it will be used for income verification only.

Household Member	Monthly Household Income
Self	
Spouse	
Dependent Children under age 18	
Other income	
Total Monthly Income	

We accept and require copies of the following documents to be turned in with your application:

- Please include income from all sources (see examples on page 3).
- Complete Federal Income Tax Return.

Financial assistance does not apply to bills received from the radiologist, anesthesiologist or ambulance billing services. You must contact these providers directly. This application applies for billings received directly from Cedar Vale, Dexter, Moline or Sedan Clinic. Clinic accounts prior to this application are still your responsibility.

I understand the information which I submit is subject to verification by the Rural Health Clinic and subject to review by others required. I certify that the family size and income information above is correct. I also understand that if any portion of the information I have provided is determined to be falsified, I will be responsible for all medical expenses incurred at the Rural Health Clinic. I agree to promptly notify the Rural Health Clinic of any changes in financial status affecting my ability to pay. I understand this application is good for 30 days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**(If married, spouse signature required)**

Do you have questions? Please call Beverly 620-758-2221

Where do I return my application in person? Cedar Vale, Dexter, Moline or Sedan Clinic.

If returning by mail: Cedar Vale Clinic

PO Box 578

Cedar Vale, KS 67024