



Community Hospital OF STAUNTON

Financial Assistance Policy – Plain Language Summary

Community Hospital of Staunton recognizes that not all patients have the financial resources to pay their hospital bill. This summary provides information regarding our Financial Assistance policies.

Eligible Services – Eligible services include emergent and/or medically necessary healthcare services provided by Community Hospital of Staunton. This policy also pertains to certain professional services provided by Community Hospital of Staunton employed or contracted physicians. This includes services provided by Community Medical Clinic physicians and emergency department physicians. Services not eligible for financial assistance include: professional services provided by specialty clinic physicians which are related to the hospital visit and billed by non-Community Hospital of Staunton providers, services not determined to be medically necessary, and other Medicare non-covered services.

Eligible Patients – Patients who receive eligible services who submit a completed Financial Assistance Application which includes supporting documentation and information.

How to Apply – Financial Assistance Applications may be obtained as follows:

- Download a copy of the Financial Assistance Policy and Application via our website at www.stauntonhospital.org
- Contact our Financial Counselor by phone at 618-635-4253.
- Visit our Financial Counselor in our Patient Access department located off the lobby at the hospital main entrance during the hours of 8:00am – 4:00pm
- Obtain a free paper financial assistance application at each hospital registration desk including the emergency department
- If hospital services have been received and you have received a patient billing statement, request to have an application mailed to you by calling 618-635-4253.

Determination of Financial Assistance Eligibility – Financial Assistance is generally determined by a sliding scale of total household income based on federal poverty guidelines. When total household income is less than 125% of the Federal Poverty Level, a discount of 100% from gross charges will apply. When total household income is between 125% and 300% of the Federal Poverty Level, a partial discount applies. No individual eligible for financial assistance will be charged more for medically necessary care than amounts generally billed to individuals who have insurance covering such care (AGB).