



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 other available assets. In general:

- **Patients whose household income is at or below 200% of the Federal Poverty Level are generally eligible for free emergency and medically necessary care.**
- **Patients whose household income is between 200% and 300% of the Federal Poverty Level are generally 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, 1200 N. One Mile Rd, Dexter, MO 63841. To be considered complete, an application must include:

- Completed Financial Assistance Application
- Approval/Denial letter from Medicaid
- Copies of most recent Federal Tax Return, including all schedules
- Two months of complete bank statements, both checking and savings accounts
- 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, educational assistance, alimony, child support, and any other misc. income sources

Other documentation may be requested to verify information on the Financial Assistance Application.

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, 1200 N. One Mile Rd, Dexter MO 63841. Copies can also be found in the admitting/registration areas of the hospital or online at 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 or in-person at the address above.