

Regional Medical Center (RMC) offers financial assistance to persons who need emergency or other medically necessary healthcare. Financial Assistance Application and policy are available on our website at regmedctr.org/FAP in English and Spanish.

Eligibility Requirements

No one will be denied access to services due to inability to pay; and there is a discounted / sliding fee schedule available based on family size and income to determine if you qualify for assistance.

- If household income is ≤ 150% of the Federal Poverty Income Guideline (FPIG), you will not have to pay your hospital bill.
- If household income is between 150-300% of the FPIG will not pay more than the amounts generally billed to individuals who have insurance, and may be eligible for additional discounts.
- If household income is <100% of FPG offers a full discount (or nominal fee) to all individuals and families
- A nominal charge based solely on family size and income for all individuals and families with income >100% and <200% of FPG

Discount %	100% (100% FPIG)	100% (150% FPIG)	75% (200% FPIG)	50% (250% FPIG)	25% (300% FPIG)
Family Size	Maximum Income	Maximum Income	Maximum Income	Maximum Income	Maximum Income
1	\$15,650	\$23,475	\$31,300	\$39,125	\$46,950
2	\$21,150	\$31,725	\$42,300	\$52,875	\$63,450
3	\$26,650	\$39,975	\$53,300	\$66,625	\$79,950
4	\$32,150	\$48,225	\$64,300	\$80,375	\$96,450
5	\$37,650	\$56,475	\$75,300	\$94,125	\$112,950
6	\$43,150	\$64,725	\$86,300	107,875	\$129,450
7	\$48,650	\$72,975	\$97,300	\$121,625	\$145,950
8	\$54,150	\$81,225	\$108,300	\$135,375	\$162,450
Additional	\$5,550	\$8,250	\$11,000	\$13,750	\$16,500

Qualifying Services

Elective cases must be reviewed prior to receiving the service to ensure it meets qualification.

- Qualifying services include emergency or other medically necessary health services billed by RMC, Regional Family Health, Home Care.
- Cosmetic surgery is not covered

Questions

Visit regmedctr.org, call 563-927-7405, or stop by the Billing Department on Level 2 of RMC.

Send completed application and required documents (see application) to:

Regional Medical Center
 FAP Clerk
 PO Box 359
 Manchester, Iowa 52057