

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	\$15,960	\$23,940	\$31,920	\$39,900	\$47,880
2	\$21,64	\$32,460	\$43,280	\$54,100	\$64,920
3	\$27,320	\$40,980	\$54,640	\$68,300	\$81,960
4	\$33,000	\$49,500	\$66,000	\$82,500	\$99,000
5	\$38,680	\$58,020	\$77,360	\$96,700	\$116,040
6	\$44,360	\$66,540	\$88,720	\$110,900	\$133,080
7	\$50,040	\$75,060	\$100,080	\$125,100	\$150,120
8	\$55,720	\$83,580	\$111,440	\$139,300	\$167,160
Additional	\$5,680	\$8,520	\$11,360	\$14,200	\$17,040

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