

Financial Assistance Program

Effective March 15, 2014

Regional Medical Center will provide a reasonable amount of service without charge or at a reduced charge to eligible persons who cannot afford care. Compensation in excess of \$10,000.00 for a 12 month period per family will be subject for review by RMC Administration. Determination of eligibility shall be performed by business services personnel and will be based upon the Federal Poverty Guidelines. **Participants who may be eligible for state Medicaid funding will be required to show proof of application to that program before eligibility for RMC Financial Assistance will be determined.**

Financial Assistance is available to eligible individuals for medically necessary hospital, clinic and home health services and is only applicable for services billed by Regional Medical Center, Regional Family Health, Regional Medical Home Care and Hospice.

Eligibility will be based on the guidelines listed below:

Discount %	100 %	75%	50%	25%
Family Size	Maximum Income	Maximum Income	Maximum Income	Maximum Income
1	11,670.00	17,505.00	20,423.00	23,340.00
2	15,730.00	23,595.00	27,528.00	31,460.00
3	19,790.00	29,685.00	34,633.00	39,580.00
4	23,850.00	35,775.00	41,738.00	47,700.00
5	27,910.00	41,865.00	48,843.00	55,820.00
6	31,970.00	47,955.00	55,948.00	63,940.00
7	36,030.00	54,045.00	63,053.00	72,060.00
8	40,090.00	60,135.00	70,158.00	80,180.00
For each additional family member add:	4,060.00	6,090.00	7,105.00	8,120.00

For further information or to obtain an application, please contact:

Regional Medical Center
 Audry Anderegg, Financial Assistance Clerk
 709 West Main, PO Box 359
 Manchester, IA 52057-0359
 Phone: 563-927-7554
 Fax: 563-927-7331