

Financial Assistance Program

(Plain Language Summary)

Astera Health has elected to provide a reasonable amount of services without charge or at a discount toeligible persons, excluding non-medically necessary/elective services. Covered services include clinic, inpatient and outpatient services routinely provided by Astera Health's hospital and clinics: Bertha, Sebeka, Henning, Ottertail, Verndale, Wadena, rehabilitation clinics, mental health and Astera Health Hospital. No patient is refused emergency care or is discouraged from using Emergency Medical Services, regardless of ability to pay. Eligibility is determined by comparing family income and assets to guidelines established by the Astera Health Governing Board and administered by the Astera Health Financial Assistance Committee. *However, assets are not considered for assistance on clinic balances*. **WE MUST RECEIVE PROPER PROOF IN ORDER TO PROCESS THIS APPLICATION.**

Astera Health limits the amounts charged to eligible patients to the amounts generally billed to Medicare. Astera Health determines amounts generally billed using the prospective method by calculating the expected amount that would be paid by Medicare Parts A & B. Eligible patients will receive 100% forgiveness of their self-pay balances billed by Astera Health if both income and asset requirements are met.

YOU MAY RECEIVE UNCOMPENSATED SERVICES IF YOU MEET ALL OF THE FOLLOWING REQUIREMENTS:

- Apply for or currently have Medical Assistance. If you refuse to apply, your application for financial
 assistance may be denied. If you are denied Medical Assistance or Minnesota Care but meet our guidelines
 you maystill be considered for approval in our program.
- Have net assets that are not more than the Asset Limits established by Astera Health: \$10,000 for single and \$25,000 forfamily. *Applies to hospital balances only.
- Have income that is not more than the Income Guidelines established by Astera Health: 200% of FPG.
- Transfer any medical insurance benefits that apply to the services provided.
- Have extenuating circumstances which document that your situation is consistent with the intent of the Astera Health Financial Assistance Program.

*Patients may qualify for a one-time forgiveness of Astera Health balances regardless of income and assets if their totalmedical debt is 100% or greater of their household income.

Astera Health will always accept Financial Assistance applications for balances related to dates of service no older than 240 days since the first statement date. Astera Health may accept applications for balances older than 240 days, but forgiveness for those balances will only be applied to unpaid balances.

Astera Health's complete Financial Assistance Policy and a copy of the application is available at our website at or URL: <u>http://www.asterahealth.org/patients-and-visitors/billing-and-financial-information.</u> For assistance completing applications or for paper copies of the Financial Assistance Policy, application or Plain Language Summary please call or visit the Patient Financial Advocates at the contact information listed below. **Please return completed and signed applications within 30 days to:**

Astera Health Patient Financial Advocates 415 Jefferson Street North Wadena, MN 56482

Contact for Questions

(218)631-3510, Ext. 7437 or (800)631-1811, Ext. 7437 Fax: 218-631-7595