



Plain Language Summary: Financial Assistance

Conway Medical Center will provide financial assistance for patients who receive medically necessary services and meet the eligibility requirements under the policy. If eligible for financial assistance, patients will receive a 100% discount or free care. The financial assistance program does not cover elective services.

How do I apply?

You may obtain copies, in English and other languages, of the Financial Assistance Policy, the Billing and Collection Policy, an Application for Financial Assistance, and a Plain Language Summary of the financial assistance policy by:

- Visiting the Conway Medical Center website:
<http://www.conwaymedicalcenter.com>
- Visiting the Financial Counseling office at Conway Medical Center at the following address: 300 Singleton Ridge Road, Conway, SC. Financial Counselors can provide assistance with completing the application.
- Calling Customer Service at 843-347-8072 or 843-234-6726 and requesting a free copy of the policy and an application be mailed to you.

Am I eligible?

In order to qualify for Financial Assistance, all of the following conditions must be met:

- The patient must be uninsured or, in certain circumstances, have limited insurance coverage.
- The patient must be unable to access other programs that would cover medical expenses.
- The patient's annual family Income must be no more than 200% of the current year federal poverty guidelines.

- The patient must not have substantial cash assets.
- The patient must not have declined health insurance through an employer.
- The patient must not be ineligible for government-sponsored coverage because of noncompliance with requirements.
- The service must be considered medically necessary (generally defined as urgent or emergent).
- The patient must live in the Conway Medical Center service area.
- The application and supporting documentation must be submitted to the hospital financial counseling department.

How will I know if I have been approved?

Once all requested documents are received the application will be reviewed. An approval or denial letter will be mailed to each applicant. The Financial Assistance Application and documentation must be updated every six months or when the patient's income or other key circumstances change. Each visit within the six month period will be reviewed for potential access to other programs.

Exclusions:

This policy only applies to services rendered at Conway Medical Center. It *does not* apply to services rendered by any independent physicians or practitioners that are not employed by Conway Medical Center. This includes, but is not limited to, Anesthesiologists, Radiologists Pathologists, Psychiatrists and Teleconsultants. No individual who is eligible for financial assistance will be charged more than amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care.