

**CRAWFORD COUNTY MEMORIAL HOSPITAL**  
***Financial Assistance Policy – Plain Language Summary***

**Policy Statement**

Crawford County Memorial Hospital's (CCMH) Financial Assistance Policy (FAP) exists to provide eligible patients partially or fully-discounted emergency or other medically necessary healthcare services provided by CCMH.

**Eligible Services**

Emergency or other medically necessary healthcare services provided by CCMH and billed by CCMH. Other services which are separately billed by other providers, such as physicians or laboratories are not eligible under the FAP.

**Eligible Patients**

Patients receiving medically necessary or emergent services, who submit a complete Financial Assistance Application, including related documentation/information and who are determined eligible for Financial Assistance by CCMH.

**How to Apply**

Crawford County Memorial Hospital's Financial Assistance Policy and Application are available free of charge by calling a Financial Counselor at 712-265-2510 and requesting a copy by mail or email. The policy and application are also available online at [www.ccmhia.com](http://www.ccmhia.com) for downloading and printing. Copies of the policy and application are also available at registration areas.

**Determination of Financial Assistance Eligibility**

Generally, persons are deemed eligible for Financial Assistance, using a sliding scale, when their Gross Family Income is at or below 225% of the Federal Government's Federal Poverty Guidelines (FPG). Eligibility for Financial Assistance means that Eligible Persons will have their hospital care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons. (AGB as defined in IRC Section 501(r) 5 by the Internal Revenue Service).