Lake Health District
Quality Care Close to Home

Plain Language Summary of Hospital Financial Assistance Policy (FAP)

Lake District Hospital (LDH) is committed to providing financial assistance to people who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care. Financial assistance is based on their individual financial situation and if it is within LDH's guidelines for eligibility.

- **Financial Assistance Guidelines**

  - Financial assistance is only offered for emergency medical care and medically necessary care. The care must be provided by LDH. Medically necessary is for services or items that are reasonable and necessary for the diagnosis or treatment of an illness or injury.

  - Office visits, elective procedures, supplies, and non-medically necessary services are not covered under the program. Services not billed by LDH are not eligible for the program.

  - Eligibility is determined after we review the applicant's financial situation.

  - All other payor resources, including governmental payors such as Medicaid, must be used up prior to applying for financial assistance.

- **Required Documentation for to apply for financial assistance**:

  To be complete, the application must include:

  - A complete and signed Financial Assistance application.

  - Copies of previous year's Federal Tax Return (Form 1040 or equivalent). Please include all schedules.

  - Proof of current income, if any. For example, the last 3 months pay stubs, pension and retirement benefits, Social Security benefits, unemployment compensation, Workers Compensation, Veteran's benefits, etc.

  If a person has no source of income, a letter of hardship and/or a letter of support will be accepted. Other documents may be asked for by LDH to confirm information on the application.

- **Program Qualifications**

  - Financial assistance will be given to a person if their annual gross income meets certain criteria. Annual gross income includes the annual income of the person and spouse.

- Patients whose family income is at or below 150% of the FPL are eligible to receive full financial assistance.

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- Patients whose family income is above 150% but less than 400% of the FPL are eligible to receive services that are discounted. The discount amount is on a sliding fee schedule.

- Services will be discounted to an amount no greater that the amounts generally received by LDH for Medicare patients.

• How Do I Get Copies of the Financial Assistance Policy and Application?

- Copies of the Financial Assistance Policy and Application are available upon request.

- All documents are provided free of charge.

- All documents can be mailed upon request.

- All documents are available on the LDH web site – www.lakehealthdistrict.org.

- To get copies of these documents, you can contact the LDH Business Office:

  - Phone: (541) 947-2114

  - In Person: LDH Business Office, 700 South J St., Lakeview, OR 97630

• What If I Have Questions or Need Help Filling Out the Application?

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  - Phone: (541) 947-2114

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