



## NOTICE OF AVAILABILITY OF COMMUNITY CARE & FINANCIAL ASSISTANCE PROGRAM

Part of the Heart of America Medical Center's mission statement is to provide medical care regardless of the patients' ability to pay. Community care and financial assistance is available based on the following guidelines:

1. HAMC services that are available for community care are hospital acute care inpatient, hospital outpatient services, clinic services and swing bed. To qualify for community care, the applicant must first exhaust all forms of reimbursement from insurance and government programs.
2. Patients who are eligible to qualify for HAMC community care program will receive community care after all third party payments have been exhausted.
3. The HAMC will provide community care without discrimination to all persons who are eligible for services and who request community care in a proper manner. (Poverty guidelines listed on reverse side)
4. Notice of Availability of Community Care will be presented to each patient prior to the rendering of services or in an emergency situation, as soon as it is considered appropriate. The Community Care Application Form must be completed in its entirety and submitted to the Business Office. Written verification of the information must also be submitted with copies of one or more of the following documentation for the three months preceding application date:
  - a) Paystubs showing earnings or a written release for verification of wage information from his/her employer.
  - b) If self-employed, itemized income and expenses for business.
  - c) Verification from public welfare agencies (food stamps, childcare assistance, TANF, etc.)
  - d) Verification of unemployment compensation or workers compensation.
  - e) Income tax returns from the prior Year including W-2 forms.

**If mailing, please address to: Heart of America Medical Center  
Attn: Business Office  
PO Box 1826  
Scottsbluff NE 69363-1826.**

5. The HAMC will render a conditional or final determination of eligibility upon the receipt of a properly signed and documented application. The reasons for a conditional determination of eligibility will be properly explained on the application. Applicant has two (2) weeks from date of notification to submit additional information needed or look back period will be changed. Approved final determination of eligibility may be revoked if upon further investigation, third party payment is possible.

Heart of America Medical Center Policy Procedure  
Community Care Program

2017 Federal Poverty Income Guidelines (FPIG)

Based upon	200% FPIG	225% FPIG	250% FPIG	275% FPIG	300%FPIG	>300%FPIG
<b>If your <u>Family Size</u> is:</b>	<b>And your <u>Annual Income</u> is at or</b>					
	<b>below:</b>	<b>below:</b>	<b>below:</b>	<b>below:</b>	<b>below:</b>	<b>above:</b>
1	\$24,120	\$27,135	\$30,150	\$33,165	\$36,180	\$36,180
2	\$32,480	\$36,540	\$40,600	\$44,660	\$48,720	\$48,720
3	\$40,840	\$45,945	\$51,050	\$56,155	\$61,260	\$61,260
4	\$49,200	\$55,350	\$61,500	\$67,650	\$73,800	\$73,800
5	\$57,560	\$64,755	\$71,950	\$79,145	\$86,340	\$86,340
6	\$65,920	\$74,160	\$82,400	\$90,640	\$98,880	\$98,880
7	\$74,280	\$83,565	\$92,850	\$102,135	\$111,420	\$111,420
8	\$82,640	\$92,970	\$103,300	\$113,630	\$123,960	\$123,960
For each additional person, add	\$4,180	\$4,180	\$4,180	\$4,180	\$4,180	\$4,180
<b>Your <u>benefit</u> would be:</b>	<b>100%</b>	<b>80%</b>	<b>60%</b>	<b>40%</b>	<b>20%</b>	<b>0%</b>

Applicants will not be required to spend down their assets to qualify for community care.

If you think you may be eligible for community care services, complete the attached application.  
For additional information, please contact the Business Office at 701-776-5261.