

WASHINGTON REGIONAL MEDICAL CENTER – HERE FOR YOU!

Washington Regional Medical Center (“WRMC”) has a long tradition of serving all residents of Northwest Arkansas. We are committed to providing healthcare to those in need, regardless of their ability to pay. This brochure explains our financial assistance policy and how to qualify and apply for financial assistance.

SUMMARY OF THE WRMC FINANCIAL ASSISTANCE POLICY

- WRMC is a charitable organization dedicated to providing medically necessary care to patients in its community, regardless of ability to pay.
- Your financial circumstances will not affect the care you receive. All patients will be treated with respect and fairness.
- Assistance is available for medically necessary care. Qualified patients may apply for financial assistance at any time – before, during or after their care.
- If you have no health insurance and/or limited financial resources, you may be eligible for free or discounted services. Qualifying uninsured patients will be required to apply for Arkansas Medicaid or other public assistance programs.
- The amount of financial assistance you receive is determined by WRMC’s financial assistance guidelines, which are summarized in this brochure.
- If you do not qualify for financial assistance but believe you have special circumstances, you can request that your case be reviewed by a WRMC Financial Counselor.
- If you apply for financial assistance, you must provide us with all information necessary to apply for public assistance programs for which you may qualify, such as the Arkansas Medicaid private option, Medicaid or Medicare.

- You are responsible for timely applying for financial assistance. WRMC makes application materials easily available, free of charge and in English or Spanish. To request an application call 463-6000, write WRMC Billing Office, 3215 N. North Hills Blvd., Fayetteville, AR 72703, or access the WRMC webpage at www.wregional.com

DO YOU QUALIFY FOR FINANCIAL ASSISTANCE?

Eligibility for financial assistance is determined, in part, on the U.S. Government’s Federal Poverty Guidelines. These Guidelines are updated each year.

- You may qualify for financial assistance if your household income is less than or equal to one hundred thirty-eight percent (138%) of the current Federal Poverty Guidelines.
- You may qualify for partial financial assistance, depending upon your household income and the number of members in your family. Patients whose household income falls between 138% and 201% of the Federal Poverty Guidelines may qualify for partial financial assistance.

- Uninsured patients whose income falls between 201% and 400% of the Federal Poverty Guidelines may receive a discount of up to 50% of charges.

Example #1

There are 4 people in your family and your household income is \$32,913.

You qualify for 100% financial assistance for emergency or medically necessary care provided at WRMC.

Example #2

There are 5 people in your family and your household income is \$40,000.

You do not qualify for 100% financial assistance for your emergency or medically necessary care at WRMC. However, you may qualify for partial financial assistance.

Patients who qualify for financial assistance will not be charged more for emergency or medically necessary care than the amounts generally billed by WRMC to patients with insurance.

Please note that if you receive partial assistance, you are still responsible for paying your portion of the bill. We are committed to working with patients to develop payment terms that are appropriate and are based on income and ability to pay. If we establish a payment plan for you, WRMC will not charge interest on the account balance while you are making payments.

DO YOU QUALIFY FOR FREE SERVICE?

IF YOUR FAMILY SIZE IS:

	1	2	3	4	5	6
To qualify for 100% financial assistance your household income must be less than or equal to:	\$16,105	\$21,707	\$27,310	\$32,913	\$38,516	\$44,119

TO REACH A FINANCIAL COUNSELOR OR REQUEST A FINANCIAL ASSISTANCE APPLICATION, CALL 463-6000