

Ridgeview Medical Center

Financial Assistance Policy – Plain Language Summary

Ridgeview Medical Center (RMC) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully – discounted emergent or medically necessary care. Patients that will be seeking Financial Assistance must apply for the program, which is summarized below.

Eligible Services – Emergent and / or medically necessary healthcare services provided by RMCHospital, and all owned clinics of RMC. The services only apply to services billed by RMC. Other services such as Pathology and Radiology are examples of services that are not eligible under the FAP.

Eligible Patients – Patients receiving eligible services, who submit a complete Financial Assistance Policy (including related documentation/information, and who are determined to be eligible for Financial Assistance by RMC Financial Assistance Staff.

How to Apply – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at any RMC registration desk.
- Request an application be mailed to you, by calling RMC Patient Assistance Staff at 952-442-8054.
- Request an application by mail/or visiting in person: mail request to RMC Financial Assistance Staff, 500 S Maple St, Waconia, MN 55387. Visiting in person, go to any RMC registration desk.
- Download an application from the RMC website:
https://www.ridgeviewmedical.org/images/uploads/RMC_Community_Care_Application_2015_Form.pdf.

Mail completed applications (with all documentation/information specified in the application instructions) to RMC Financial Assistance Staff, 500 S Maple St, Waconia, MN 55387.

Determination of Financial Assistance Eligibility

Generally, eligible persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 250% of the Federal Government's Federal Poverty Guidelines(FPG); Eligibility for Financial Assistance, means that Eligible Persons will have their care fully or partially covered, and they will not be billed more than "Amounts Generally Billed"(AGB) to insured persons(AGB, as defined by IRS Section 501(r)). Financial Assistance levels based solely on Family income and FPG, are:

- Family Income at 0 to 200% of FPG - Eligible for 100% discount
- Family Income at 201 to 250% of FPG - Partial Financial Assistance – AGB is maximum billable to patient – Presently this discount is 56%.

IMPORTANT NOTE: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly income relative to monthly household expenses), which may result in exceptions to the preceding. If no Family income is reported, information will be required to show how daily expenses are covered. The RMC Financial Assistance Staff reviews submitted applications which are complete, and then determines Financial Assistance Eligibility in accordance with the RMC Financial Assistance Policy. Any applications that are incomplete will not be considered, but applicants will be notified and given an opportunity to submit the required documentation/information.

For help, or questions, please call: **RMC Patient Assistance Staff at 952-442-8054, M-F – 8:00 AM to 4:30 PM**