

Plain Language Summary of Charity Care and Financial Assistance Policy

OVERVIEW

Mt. Graham Regional Medical Center, Inc. is committed to offering financial assistance to people who have healthcare needs and are not able to pay for care. You may be able to get financial assistance if you are not insured, are underinsured, not eligible for a government program, do not qualify for governmental assistance (for example Medicare or Medicaid), or are approved for Medicaid, but the specific medically necessary service is considered non-covered by Medicaid. Mt. Graham Regional Medical Center strives to make sure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. This is a summary of the Mt. Graham Regional Medical Center's Charity Care and Financial Assistance Policy.

AVAILABILITY OF FINANCIAL ASSISTANCE

You may be able to get financial assistance if you do not have insurance, are under-insured, or if it would be a financial hardship to pay in full the expected out-of-pocket expenses for services at Mt. Graham Regional Medical Center. Please note that there are certain service exclusions that are not typically eligible for financial assistance, including, but not limited to transplants, cosmetic services, and other services.

ELIGIBILITY REQUIREMENTS

Financial assistance is generally determined by a sliding scale of total household income based on Federal Poverty Guidelines.

1. Patients whose family income is at or below 150% of the FPL are eligible to receive free care.
2. Patients whose family income is between 151% and 200% of the FPL would be eligible for a 75% discount
3. Patients whose family income is between 201% and 250% of the FPL would be eligible for a 50% discount.
4. Patients whose family income is between 251% and 300% of the FPL would be eligible for a 25% discount.

ELIGIBILITY REQUIREMENTS - CONTINUED

5. Patients whose family income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of Mt. Graham Regional Medical Center; however, the discounted rates shall not be greater than the amounts generally billed commercially insured patients. Once the patient has been deemed eligible, Mt. Graham Regional Medical Center will apply the FAP discount to the patient's account.

2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

2024 Federal Poverty Guidelines Chart (Effective Jan. 12, 2024)

We have included multiple percentages in the Federal Poverty Level chart below, as there are several programs, including Medicaid, that use a per FPL as the income criteria for program participation.

*** 2024 Medicaid Eligibility Criteria:** Persons looking for Medicaid financial eligibility criteria can [see state-specific information a fast eligibility test here.](#)

48 Contiguous States

Household/ Family Size	2024 Federal Poverty Level for the 48 Contiguous States (Annual Income)					
	100%	133%	138%	150%	200%	300%
1	\$15,060	\$20,030	\$20,783	\$22,590	\$30,120	\$45,180
2	\$20,440	\$27,185	\$28,207	\$30,660	\$40,880	\$61,320
3	\$25,820	\$34,341	\$35,632	\$38,730	\$51,640	\$77,460
4	\$31,200	\$41,496	\$43,056	\$46,800	\$62,400	\$93,600
5	\$36,580	\$48,651	\$50,480	\$54,870	\$73,160	\$109,740
6	\$41,960	\$55,807	\$57,905	\$62,940	\$83,920	\$125,880
7	\$47,340	\$62,962	\$65,329	\$71,010	\$94,680	\$142,020
8	\$52,720	\$70,118	\$72,754	\$79,080	\$105,440	\$158,160
Each person over 8, add	\$5,380	\$7,155.40	\$7,424.40	\$8,070	\$10,760	\$16,140

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

No person eligible for financial assistance under the FAP will be charged more for medically necessary care than amounts generally billed to individuals who have insurance covering such care (AGB). Mt. Graham

ELIGIBILITY REQUIREMENTS - CONTINUED

Regional Medical Center determines AGB based on all claims paid in full to Mt. Graham Regional Medical Center by Medicare and private health insurers (including payments by Medicare beneficiaries or insured individuals themselves), over a 12-month period, divided by the associated gross charges for those claims. If an individual has sufficient insurance coverage or assets available to pay for care, he/she may be deemed ineligible for financial assistance. Please refer to the full policy for a complete explanation and details.

Where to Find Information

There are many ways to find information about the FAP application process or get copies of the FAP or FAP application form. To apply for financial assistance, you may:

- Download the information online at www.mtgraham.org/finance, keywords **CHARITY CARE POLICY**
- Request the information in writing by mail or by visiting the Mt. Graham Regional Medical Center Business Office at 1600 S 20th Avenue, Safford, AZ 85546, and ask for the Financial Counselor
- Request the information by calling **928-348-3715**.

Availability of Translations

The Financial Assistance policy, application form, and the plain language summary are offered in English and Spanish. Mt. Graham Regional Medical Center may elect to furnish translation aids, translation guides, or provide assistance through the use of a qualified bilingual interpreter by request. For information about Mt. Graham Regional Medical Center's Financial Assistance Program and translation services, please call a representative at **928-348-3715**.

How to Apply

The application process involves filling out the financial assistance form and submitting the form along with the supporting documents to Mt. Graham Regional Medical Center for processing. You may also apply in person by visiting the Business Office at the address listed below. Financial assistance applications are to be submitted to the following office:

Business Office/Financial Counselor
1600 S 20th Avenue
Safford, AZ 85546

Uninsured patients have a right to receive an estimate of charges prior to non-emergent services. Patients who don't have insurance or who are not using insurance have the right to receive an estimate of the bill for medical items and services, medical tests, procedure costs, equipment, and hospital fees.

Please consult with a Financial Counselor at **928-348-3715** to help you with this request.