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Owner **Melody Simpson:**
Patient Financial
Services Director
Chapter **Departmental**

Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Policy

PURPOSE:

This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (Uninsured or Underinsured). In addition to quality healthcare, patients are entitled to financial counseling by someone who can understand and offer possible solutions for those who cannot pay in full. The Patient Accounts Representative’s role is that of patient advocate, that is, one who works with the patient and/or guarantor to find reasonable payment alternatives.

Ozarks Healthcare will offer **Rural Health Clinics:** Alton, Gainesville, Mammoth Spring, Mtn View, Mountain Grove, Winona, Thayer, Pediatrics, Zizzer clinic & OZH West Plains Family Medicine along with Behavioral Healthcare, Ozarks Family Care & Women’s Healthcare Clinic Financial Assistance Program to all who are unable to pay for their services. Ozarks Healthcare will base program eligibility on a person’s ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin. The Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty>, are used in creating and annually updating the sliding fee schedule to determine eligibility.

DEFINITIONS:

Financial Assistance: Healthcare services that have been or will be provided but are never expected to result in cash inflows. Financial Assistance care results from a provider's policy to provide healthcare services free or at a discount to individuals who meet the established criteria.

Family/Household: A group of two or more people who reside together. If the patient has claimed someone as a dependent on their income tax return; they may be considered a dependent for purposes

of the provision of financial assistance.

POLICY:

Patients who are eligible for financial assistance - free or discounted (partial charity) care - under this program. Financial Assistance refers to healthcare services provided by OZH without charge or at a discount to qualifying patients.

PROCEDURE:

The following guidelines are to be followed in providing the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program.

- A. **Notification:** Ozarks Healthcare will notify patients of the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program by:
- 1. Payment policy options will be available to all uninsured patients at the time of service.
 - 2. Notification of the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program will be offered to each patient upon admission
 - 3. Ozarks Healthcare's statements will include the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program application process.
 - 4. An explanation of our Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program and our application are available on Ozarks Healthcare's website.
 - 5. Ozarks Healthcare places notification of the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program in the clinic waiting area.

B. All patients seeking health care at Ozarks Healthcare are assured that they will be served regardless of ability to pay. No one is refused services because of lack of financial mean to pay.

C. **Request for discount:** Request for discounted services may be made by patients or family members. Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program will be only made available for Rural Health Clinic and Behavioral Health Care visits. Information and forms can be obtained from the Front Desk and Patient Accounts.

D. **Administration:** The Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program procedure will be administered through the Revenue Cycle Director or his/her designee, Information about the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program policy and procedure will be provided and assistance offered for completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided financial assistance.

E. **Alternative payment sources:** All alternative payment resources must be exhausted, including all third-party payment from insurance(s), Federal and State programs. Medicaid denial letter is not required but it is based off family size and income only.

F. Completion of Application: The patient/responsible party must complete the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program application in its entirety. By signing the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program application, persons authorize Ozarks Healthcare access in confirming income as disclosed on the application. Providing false information on a Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program application will result in all Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program discounts being revoked and the full balance of the account(s) restored and payable immediately.

If an application is unable to be processed due to the need for additional information, the applicant has two weeks from the date of notification to supply the necessary information without having the date on their application adjusted. If a patient does not provide the requested information within the two week time period, their application will be denied and the patient will need to reapply. Any accounts turned over for collections as a result of the patient's delay in providing information will not be considered for the Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic Financial Assistance Program.

G. Eligibility: Discounts will be based on income and family size only. Ozarks Medical Center uses the Census Bureau definitions of each.

- **1. Family is defined as:** a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family.
- **2. Income includes:** earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. Noncash benefits (such as food stamps and housing subsidies) do not count.

H. Income verification: Applicants must provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit detail of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. **Self-declaration of Income:** may only be used in special circumstances. Specific examples include participants who are homeless. Patients who are unable to provide written verification must provide a signed statement of income, and why (s)he is unable to provide independent verification. This statement will be presented to Ozarks Healthcare's Director of Revenue Cycle or his/her designee for review and final determination as to the sliding fee percentage. Self-declared patients will be responsible for 100% of charges until management determines the appropriate category.

I. Discounts: Those with income at or below 125% of poverty will receive a full 100% discount. Those with income above 125% of poverty, but at or below 300% of poverty, will be charged according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every year with the latest federal poverty guidelines, <http://aspe.hhs.gov/poverty>.

J. Applicant notification: Rural Health Clinic, Behavioral Healthcare & Women's Healthcare Clinic

Financial Assistance Program determination will be provided to the applicant(s) in writing, and will include the percentage of Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, the patient and/or responsible party must immediately establish payment arrangements with Ozarks Medical Center. Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approval date, unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the look back period will be the lesser of six months or the expatriation of their last Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Program application.

K. **Record keeping:** Information related to the Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Program decisions will be maintained and preserved in a centralized file located in Patient Accounts, in an effort to preserve the dignity of those receiving free or discounted care.

L. **Policy and procedure review:** Annually, the amount of Rural Health Clinic, Behavioral Healthcare & Women’s Healthcare Clinic Financial Assistance Program provided will be reviewed by the Director of Patient Financial Services and/or CEO. The sliding fee schedule will be updated based on the current Federal Poverty Guidelines. Pertinent information comparing amount budgeted and actual community care provided shall serve as a guideline for future planning. This will also serve as a discussion base for reviewing possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.

REFERENCES:

Exhibit A attached

Attachments

[2026 Charity Level.xlsx](#)

[RHC BHC WHC FAA.DOCX \(2\).docx](#)

Approval Signatures

Step Description

Approver

Date

Chief Financial Officer	Forest Ehlinger: Chief Financial Officer	03/2026
Revenue Cycle Director	Melody Simpson: Patient Financial Services Director	03/2026
Issuer	Melody Simpson: Patient Financial Services Director	03/2026

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