



www.browncountyhospital.org

FINANCIAL ASSISTANCE GUIDELINES

Brown County Hospital is a county healthcare facility. Brown County Hospital is dedicated to provide our patients and communities with the highest quality of comprehensive and compassionate healthcare.

Brown County Hospital recognizes the individual's right to quality health care regardless of age, sex, race, disability, national origin, marital status, sexual orientation, personal beliefs or ability to pay.

All patients are given financial assistance guidelines and documentation at the time of registration. Eligibility will be determined by income level based on current poverty guidelines. All Medically necessary, covered services that are offered by Brown County Hospital and Ainsworth Family Clinic will be eligible for financial assistance. If a service is an elective service that is not covered by Medicare, the service will not be eligible for Brown County Hospital's Financial Assistance Program.

Determination of eligibility for financial assistance will be completed upon receipt of the following:

- A. Completed Financial Assistance application from patient or guarantor.
- B. Verification of income, which may be in the form of copies of paycheck stubs, bank statements, Social Security benefit letter, copies of most recent income tax returns and/or employer's statement.
- C. Each uninsured patient will be expected to have proof that they had made application for insurance coverage from either COBRA plans, the commercial market, healthcare.gov, or the Medicaid program; based on the situation that applies to their circumstances. In the absence of an individual making application for coverage, approval for financial assistance may be denied.
- D. If a denial from any of the above programs is received stating that the Applicant is not eligible for coverage, the Financial Assistance Application will be considered in situations the applicant has taken appropriate efforts to maintain coverage or meets exemption status in accordance with the Affordable Care Act (commonly referred to as Obamacare).

Brown County Hospital will process applications within 30 days of receipt of completed application(s). Brown County Hospital is committed to assisting our patient(s) financially with our financial assistance program. The program offers assistance up to 350% of the federal poverty guidelines. Any financial assistance application that is approved for a partial discount will be required to set up a 10 month payment plan for the remaining balance.

Please contact our Business Office to request the Financial Assistance Application at 402-387-2800.

Thank you for allowing Brown County Hospital to be your Healthcare Provider!