



Document Title: Financial Assistance Policy	Norton County NCH
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## Financial Assistance Policy

### 1. Purpose.

This Financial Assistance Policy (“**Policy**” or “**Financial Assistance Policy**”) establishes a standard procedure for identifying patients who are financially or medically indigent and cannot otherwise pay for their Emergency Medical Care and/or Medically Necessary Care. This Policy sets out eligibility for the Financial Assistance Policy of Norton County Hospital, which includes the Norton Medical Clinic (collectively, “**NCH**”). This Financial Assistance Policy creates a process for patients to apply for Financial Assistance and describes how NCH will publicize the Financial Assistance Policy. The Policy establishes an equitable and consistent process for evaluating Financial Assistance Applications.

### 2. Policy.

NCH is committed to providing Financial Assistance to eligible patients that are financially or medically indigent and cannot otherwise pay for their Emergency Medical Care and/or Medically Necessary Care.

NCH offers Financial Assistance to patients based on financial need and does not take into account race, religion or religious affiliation, age, gender, or, any other characteristics protected by federal, state, or local law.

Co-payments and deductibles are not eligible for any reduction pursuant to this Financial Assistance Policy.

### 3. Definitions.

**Amounts Generally Billed (“ABG”)** means the amounts generally billed to insured patients for Emergency Medical Care and/or Medically Necessary Care.

**Extraordinary Collection Actions (“ECA”)** means any of the following actions taken by NCH against an individual related to obtaining payment of a NCH bill for care:

- i. Referring a patient’s account to a collections agency or for collections.
- ii. Selling an individual’s debt to another party.
- iii. Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- iv. Deferring or denying, or requiring a payment before providing Medically Necessary Care because of an individual’s nonpayment of one or more bills for previously provided care, provided that NCH will continue to provide a patient with any required emergency medical screening and/or Emergency Medical Care consistent with federal law (42 U.S.C. 1395dd), commonly known as EMTALA,

regardless of ability to pay and regardless of any past due accounts.  
v. Actions that require a legal or judicial process, including but not limited to—

- (A) Placing a lien on an individual's property;
- (B) Foreclosing on an individual's real property to the extent allowed by law;
- (C) Attaching or seizing an individual's bank account or any other personal property;
- (D) Commencing a civil action against an individual;
- (E) Garnishing an individual's wages.

**Emergency Medical Care** means care provided by NCH for Emergency Medical Conditions.

**Emergency Medical Conditions** means emergency medical conditions as defined in Section 1867 of the Social Security Act (42 U.S.C. 1395dd), commonly referred to as "EMTALA".

**Financial Assistance** means the financial assistance described in this Financial Assistance Policy.

**Guarantor** means an individual who is legally responsible for payment of the patient's bill.

**Medically Necessary Care** means health care services that are reasonable and medically necessary for the diagnosis and/or treatment of illness or injury.

**Post-Discharge Patient Billing Statement or Patient Billing Statement** means a patient billing statement that is provided to a patient or Guarantor after the patient receives NCH inpatient or outpatient care, which includes care from the Norton Medical Clinic.

**Uninsured** means a patient with no insurance to assist with paying for health care services.

**Underinsured** means a patient with some insurance to assist with paying for health care services but has out of pocket expenses that exceed financial ability to pay.

4. Scope/Applicability.

This Policy applies to financially or medically indigent patients who cannot otherwise pay for their Emergency Medical Care and/or Medically Necessary Care provided by NCH.

5. Procedure.

(a) Eligibility Criteria for Financial Assistance and Basis for Calculating Amounts Charged

(i) Patients who are unable to pay NCH charges for Medically Necessary Care and/or Emergency Medical Care and whose household income is less than 300% of the Federal Poverty Level ("FPL") may be eligible for

NCH's Financial Assistance Program if there are no other assets available to pay for NCH charges.

(ii) Eligible patients may be uninsured, underinsured, or ineligible for any local, state, and federal assistance programs.

(iii) To be eligible for Financial Assistance, patients must first submit insurance claims and apply for any local, state, and federal assistance programs to exhaust any coverage and/or benefits available for the Emergency Medical Care and/or Medically Necessary Care provided by NCH.

(iv) NCH evaluates several factors to determine a patient's eligibility for Financial Assistance, including:

(A) individual or family/household income;

(B) family size;

(C) individual or family assets (for example, the patient's household savings, checking, investment assets, real property assets, and overall financial position);

(D) monthly expenses (the patient's household living expenses, including medical expenses and other basic needs); or

(E) medical condition and treatment.

(v) NCH utilizes the sliding scale discount attached to this Policy that takes into consideration a patient's household members and income.

(vi) NCH determines the amount generally billed ("AGB") by utilizing the look back method after the Medicare Cost report has been completed 5 months after the fiscal year and final settlements are added to fiscal year data for all third party fee-for-service collections to determine the AGB. The new AGB will be applied effective the first day of the seventh month after the end of the fiscal year-end.

(vii) NCH will not charge patients who are eligible for Financial Assistance more for Emergency Medical Care and/or Medically Necessary Care than the amount generally billed.

The charges for elective procedures or other optional health care services are not eligible for Financial Assistance. Only the costs for Emergency Medical Care and/or Medically Necessary Care are eligible for Financial Assistance.

(b) Method for Applying for Financial Assistance and Application Review

(i) A patient must complete a Financial Assistance Application to be considered for the Financial Assistance Program.

(ii) A patient can initiate an application for Financial Assistance in person at the NCH business offices; over the phone by calling 785-877-3351; through the mail at Norton County Hospital, 102 E. Holmes, Norton, Kansas, 67654, or through the NCH website <https://www.ntcohosp.com>

(iii) The Financial Assistance Application must be completed in its entirety and signed by the patient applicant.

(iv) The Application must include the required supporting documentation for NCH to verify the household income, assets, and monthly expenses.

(v) It is ultimately the patient's responsibility to provide the necessary information to qualify for Financial Assistance. There is no assurance that the patient will qualify for Financial Assistance. The application process includes completion of a "Financial Assistance Application" and providing verification documents. Verifiable information may include, but is not limited to, the following:

-Individual or household income (signed, submitted copies or income tax return with copies of earnings statements – W-2 forms, 1099 forms, etc., for past 2 years.)

-Copies of most recent 90 days of payroll stubs, Social Security checks, or unemployment checks.

-In the absence of income, a letter of support from individuals providing for the patient's basic living needs.

-Household/family size.

-Business Office knowledge of individual, family background or previous experiences.

-Other items that may be requested to determine eligibility, including but not limited to denial letter from Medicaid, current trust fund, mortgage, property tax or appraisal statements.

**The objective is to document the patient's need for Financial Assistance. The patient or the Guarantor must provide all necessary and pertinent information to allow NCH to make a reasonable determination regarding a patient's eligibility for Financial Assistance or risk the denial of Financial Assistance due to a failure to provide the necessary information.**

(vi) The application period for Financial Assistance begins on the date that NCH provided the qualifying treatment and ends on the later date of:

- a. 240 days after the first billing statement is provided to the patient;
- or,

b. the deadline included in a written statement sent by NCH that notifies patient of the Financial Assistance Policy.

(vii) NCH's business office will review the Financial Assistance Application and determine whether Financial Assistance will be offered and in what amount within 30 days of receipt.

(viii) Patients will be notified of NCH's decision within 30 days after NCH receives the complete Financial Assistance Application.

(ix) If NCH determines that the patient's Financial Assistance Application is incomplete, NCH will notify the patient and request the missing information. The patient must submit the information before the end of the application period.

(x) If NCH determines that the patient is eligible for Financial Assistance, the notification letter will indicate the amount of the discount granted and how much the patient will need to pay, if any. The letter will include information about payment plans, if applicable.

(xi) If NCH determines that the patient is not eligible for Financial Assistance, the notification letter will include information about payment plans.

(xii) NCH will offer reasonable payment plans for amounts that remain after Financial Assistance has been determined.

(c) Collection Activity

(i) NCH may offer extended payment plans and will not take Extraordinary Collection Actions for patients who qualify for Financial Assistance and are cooperating in good faith to pay.

(ii) If a patient that has qualified for Financial Assistance does not meet the agreed payment terms for more than 30 days, NCH may elect to take the Extraordinary Collection Actions as further described in NCH's Patient Billing and Collection Policy.

(iii) NCH's Patient Billing and Collection Policy describes in further detail the collection actions, including Extraordinary Collection Actions that may be taken by NCH in the event of a patient's or Guarantor's nonpayment of NCH bills. To request a copy of NCH's Patient's Billing and Collection Policy free of charge, contact NCH's business office by calling 785-877-3351 or through the mail at Norton County Hospital, 102 E. Holmes, Norton, Kansas, 67654.

(iv) Should a patient's account be referred for Extraordinary Collection Action and subsequently a completed Financial Assistance Application is received and approved, NCH will:

a. Suspend all Extraordinary Collection Actions

- b. Make and document a determination regarding qualification
- c. Notify the individual in writing of the eligibility determination and the basis of the determination (including the assistance for which the individual is eligible.)

(v) If an individual is deemed eligible for Financial Assistance NCH will:

- a. Provide the patient with a Patient Billing Statement that indicates the amount owed and shows or describes how the patient can obtain information regarding the amounts generally billed (AGB) for the care and how the facility determined the amount that the individual owes.
- b. If the patient or guarantor has made payments to the facility (or any other party) for the care in excess of the amount he or she is determined to owe as a Financial Assistance eligible individual, a refund of the excess payments will be issued.
- c. Take all reasonably available measures to reverse any Extraordinary Collection Action taken against the individual to collect the debt as issue.

(vi) Patients and/or Guarantors are responsible to make mutually acceptable payment plan arrangements with the NCH within 30 days of receiving a written notice of determination regarding their Financial Assistance Application.

(vii) If the patient or Guarantor fails to initiate or complete the Financial Assistance process within 30 days, the application will be denied and NCH may elect to refer the patient's and/or Guarantor's account for Extraordinary Collection Activity.

(viii) Reasons for denial of Financial Assistance include but are not limited to the following:

- a. Patient or Guarantor meeting household income restrictions.
- b. Failure of applicant to complete application process in 30 day time limit allowed.
- c. Failure to provide requested documentation.

(d) Provider List. Upon request, NCH will provide a list of any providers (other than the hospital facility itself), that deliver Emergency Medical Care and/or Medically Necessary Care who are either covered by this Policy or who are not covered by this Policy.

(e) Publicity

(i) All patients and Guarantors will be made aware of NCH's Financial Assistance Program and offered a copy of this Policy, the plain

language summary, and the Financial Assistance Application as part of the intake and/or discharge process.

(ii) Notices and information about NCH's Financial Assistance Program are available at NCH's business office. The NCH business office also will have copies of this Policy, the plain language summary of this Policy, and the Financial Assistance Application that are available on request.

(iii) NCH will provide information about NCH's Financial Assistance program in person and/or during billing and customer service communications.

(iv) A viewable, printable electronic copy of this Policy, the plain language summary of this Policy, and the Financial Assistance Application are available on the NCH's website: <https://www.ntcohosp.com>.

(v) NCH will provide a paper copy and/or mail a paper copy of this Policy, the plain language summary of this Policy, and the Financial Assistance Application free of charge, if requested by contacting the NCH business office by calling 785-877-3351 or through the mail at Norton County Hospital, 102 E. Holmes, Norton, Kansas, 67654.

**Attachment A to the Norton County Hospital Financial Assistance Policy**

**Calculation & Authorization:**

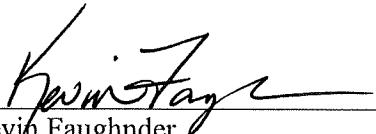
- Calculations for Financial Assistance will be based on the Federal Poverty Guidelines, updated annually and capped at 300%. The percentage of the annual gross income, based on the family size, over the poverty guideline will be used to figure the amount the patient owes for services. For example:

<b>2025 FEDERAL HOUSEHOLD SIZE POVERTY GUIDELINES</b>							
<b>For all states (except Alaska and Hawaii) and for the District of Columbia</b>							
Size of Family Unit	100% of Poverty Level	125% of Poverty Level	150% of Poverty Level	175% of Poverty Level	200% of Poverty Level	250% of Poverty Level	300% of Poverty Level
1	15650	19562.5	23475	27387.5	31300	39125	46950
2	21150	26437.5	31725	37012.5	42300	52875	63450
3	26650	33312.5	39975	46637.5	53300	66625	79950
4	32150	40187.5	48225	56262.5	64300	80375	96450
5	37650	47062.5	56475	65887.5	75300	94125	112950
6	43150	53937.5	64725	75512.5	86300	107875	129450
7	48650	60812.5	72975	85137.5	97300	121625	145950
8	59650	74562.5	89475	104387.5	119300	149125	178950

Note: For household units with more than 8 members, add \$5,500 for each additional person at 100% poverty.

<b>DISCOUNTED SLIDING FEE SCHEDULE</b>							
<b>6 LEVELS</b>							
	<100% FPL: Annual Income	100-149% FPL: Annual Income	150-174% FPL: Annual Income	175-199% FPL: Annual Income	200-249% FPL: Annual Income	250-299% FPL: Annual Income	>300% FPL: Annual Income
<b>DISCOUNT</b>	95%	75%	55%	35%	15%	10%	0%
<b>Sliding Fee</b>	Pay 5% of Charges	Pay 25% of Charges	Pay 45% of Charges	Pay 65% of Charges	Pay 85% of Charges	Pay 90% of Charges	Pay 100% of Charges

2. Financial Assistance discounts will be approved and authorized by the CEO or CFO.

  
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Kevin Faughnder  
Title: NCH Chief Executive Officer

29 December 2025  
Date