

MercyOne Clive Rehabilitation Hospital Financial Assistance Policy – Plain Language Summary

At MercyOne Clive Rehabilitation Hospital (MRH), we strive to provide quality healthcare to all individuals regardless of their ability to pay. To that end, MRH's Financial Assistance Program (FAP) was designed to help families or individuals without insurance or with insufficient insurance coverage who are unable to pay for their care. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services - Emergency or other medically necessary healthcare services provided by MRH. The FAP only applies to services billed by MRH. Other services which are separately billed by other providers are not eligible under the FAP.

Eligible Persons - Patients receiving eligible services, who submit a complete Financial Assistance application (including related documentation/information), and who are determined eligible for Financial Assistance by MRH.

How to Apply – The FAP and FAP application may be obtained/completed/submitted as follows:

- At the MRH or MercyOne Des Moines Medical Center Admitting Area
- Request documents be mailed by contacting a Financial Counselor at 515-643-4999
- Download the documents from the MRH or MercyOne Medical Center website:
<https://www.mercyrehabdesmoines.com> or <http://www.mercyone.org/financialassistance>
- Completed applications (with all documentation/information specified in the application instructions) can be dropped off at the Cashier & Patient Financial Services Office at MercyOne Des Moines Medical Center 1111 6th Avenue, Des Moines, IA or mailed to the following address:
MercyOne Des Moines Medical Center
Financial Assistance Program
1111 6th Avenue
Des Moines, IA 50314-2611

Determination of Financial Assistance Eligibility – Eligibility is determined based on total household income and additional financial resources to determine whether the family income is at or below 400% of the Federal Government's Federal Poverty Guidelines. Eligibility for Financial Assistance means that eligible persons will have their care paid for fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons, as further defined within the MRH Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information. Applicants are mailed a letter stating they have 14 days to submit the missing documentation/information. In the event the documentation/information is not obtained by MRH, the request for assistance will be denied.

The Plain Language Summary, the Financial Assistance Policy, and the Financial Assistance application are available in English, Spanish, German, Vietnamese, and Chinese upon request or via the website listed below. The available languages are based on the primary languages spoken by the MRH populations within the community being the lesser of 1,000 or 5 percent of the community served threshold.

For any questions regarding the application or the Financial Assistance requirements, please contact a Financial Counselor at 515-643-4999 or visit the Cashier & Patient Financial Services Office located at 1111 6th Avenue, Des Moines, IA. Information is also available on the website at www.mercyone.org/Financial-Assistance