

# NORTHERN ARIZONA HEALTHCARE

## Financial Assistance Policy – Plain Language Summary

#### **Financial Assistance Offered**

At Northern Arizona Healthcare (NAH), our mission is to improve the health of our communities, heal people and always provide better care. Every person, every time, together. The Financial Assistance Program policy ensures financial assistance is available for patients unable to meet his or her financial obligations for care, based upon need, in accordance with federal and state regulatory guidelines.

## **Eligibility Requirements and Assistance Offered**

- The NAH financial assistance eligibility criteria are based on current gross household income, and current household size.
- To be eligible for consideration, an applicant must meet at least one of the following criteria and have income that is less than 400% of the Federal Poverty Guidelines:
  - o Ineligible for Medicaid (ex. due to income, citizenship, etc.)
  - Approved for Medicaid but have eligible services PRIOR to eff date.
  - o Eligible for Medicaid, with services that are not a covered benefit.
  - o Patients or guarantors who choose not to cooperate may be denied financial assistance.

### **How to Apply For Assistance**

Patients or their guarantors can express financial concerns at any point during the patient's care. The patient or responsible party will be encouraged to complete a financial assistance application. For eligible services provided at NAH clinics, all amounts due from the patient, except for copays, are included if the following guidelines are met:

- The applicant meets eligibility criteria and has a yearly household income that does not exceed 400 percent of the Federal Poverty Guidelines.
- All other payment sources have been explored and applied for including private coverage, federal, state, and local medical assistance programs, and other forms of assistance provided by third parties.

### Where to Obtain Copies

Northern Arizona Healthcare's Financial Assistance Policy and Application can be obtained free of charge by:

- Visiting one of our locations at 1200 N Beaver St. Flagstaff, AZ 86001 or 269 S. Candy Ln Cottonwood, AZ 86326.
- Visiting us online at <a href="https://www.nahealth.com/billing-insurance">www.nahealth.com/billing-insurance</a> for downloading and printing.
- You may also request a copy be mailed to you by calling 928-773-2025.

#### **Contact for Information and Assistance**

Additional information about the Financial Assistance Policy and assistance with applications can be obtained:

- Online at www.nahealth.com/billing-insurance and select Financial Assistance.
- You may also call 928-773-2025 or visit one of our locations at 1200 N Beaver St. Flagstaff, AZ 86001 or 269 S. Candy Ln Cottonwood, AZ 86326.

#### For Non-English Speakers

This plain language summary, the Northern Arizona Health Care Financial Assistance Policy and an application form are available in Spanish and Navajo.

#### No More Than Amount Generally Billed (AGB)

Patients will not be charged more than the amounts generally billed to individuals with insurance covering the same care for emergency or other medically necessary care.

| F | (e | ۷i | e | W | е | d |  |
|---|----|----|---|---|---|---|--|
|   |    |    |   |   |   |   |  |

Revised: 4/28/2022