Plain Language Summary of the AmberMed Financial Assistance Policy (FAP)

AmberMed is committed to providing health care services to patients who are unable to pay for such care. You may be eligible for financial assistance if you are not insured, underinsured, or do not qualify for governmental assistance such as Medicare or Medicaid. This is a summary of the AmberMed Financial Assistance Policy (FAP).

Financial Assistance
Eligibility for financial assistance is based on multiple factors including insurance coverage and other sources of payment and income. Federal Poverty Level guidelines are used to determine potential financial assistance offered.

Financial assistance is offered to patients who are uninsured, underinsured, as well as those experiencing temporary financial hardship. Partial or full financial assistance may be granted based on a patient's ability to pay the billed charges.

Patients must comply with the application process, as well as complete the application process for all available sources of assistance, including Medicare or Medicaid assistance.

Eligibility Requirements
Financial assistance is generally determined by completion of a short application providing family income supporting documents, and applying for and receiving a determination for Medicaid coverage. If you have sufficient insurance coverage or assets available to pay for your care, you may not be eligible for financial assistance. Please refer to the full policy for a complete explanation and details.

Where to Find Information
To apply for financial assistance you may:

- Download and print the information online at ambermed.com/hospital/financial-assistance.
- Request the information in writing by mail or by visiting the information desk located in the main lobby of the hospital. Copies of the policy and application are also available in patient registration services, patient accounting, as well as the emergency department location.
- Request the information by calling 785-675-3281

Availability of Translations
The Financial Assistance policy, application form, and the plain language summary can be offered in English and Spanish. For information about AmberMed Financial Assistance Policy and translation services, please call for a representative at 785-675-3281.

How to Apply
The process involves filling out the financial assistance application and submitting it along with the supporting documents to the patient accounting office for processing. You may also apply in person by visiting the information desk in the main lobby of the hospital. Financial assistance applications are to be submitted to the following office:
Attn: Patient Accounting Office
AmberMed
826 18th St
Hoxie, Ks 67740

No More Than Amount Generally Billed (AGB)
A patient determined to be eligible for financial assistance may not be charged more than amount generally billed for emergency or other medically necessary care to patients who have insurance for such care.

Appendix A (Non Hospital Facility Providers List)
Appendix B (AGB – Amounts General Billed Calculation)

Appendix A

Non- Hospital Facility Providers

SHERIDAN COUNTY HOSPITAL

Below is a list of Non-Hospital Facility Providers delivering emergency or other medically necessary care in the hospital facility that are covered or not covered under Financial Assistance Policy (FAP):

COURTESY STAFF – Yes, covered under FAP
J Andrew Bukaty, DO
Doug Gruenbacher, MD
Michael Machen, MD
Gary Morsch, MD
Naveen Penmasta, MD
Jill Stewart, MD
Paul Wardlaw, MD

CARDIOLOGY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Richard Markiewicz, MD
Cheryl Klausen, APRN-NP

DENTIST - (Not covered under FAP)
Karl Neuenschwander, DDS

PATHOLOGY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Maria Aguirre, MD
Michelle Kropatsch, MD
Ward M. Newcomb, MD
Lyle Noordhoek, MD
Megan Redelman, MD

RADIOLOGY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)

Arnold Cabrera, MD	Shannon Calhoun, DO
Kathryn A. Cambron, MD	Nathan Cecava, MD
Steven Craig, MD	Pamela Braxton Davis, MD
Shane Dieckman, DO	Amanda Dimmitt, MD
Cody Evans, MD	William Garlow, MD
Jason Grennan, MD	David Hadford, MD
Neal Hall, MD	Robert Haller, MD
Tamara Hlavaty, MD	Ray House, MD
Daniel Hulse, MD	Jonathan Jaksha, MD
Marcus Kirkpatrick, MD	Christopher Koch, MD
Jeffrey Lee, MD	Patrik Leonard, MD
William Marsh, MD	Matthew Mendlick, MD
Nathan Murdoch, MD	Daniel Novinski, DO
Austin Peters, DO	Gregory Peters, MD
Mohammed Quraishi, MD	John Riekhof, MD
Alexander D. Serra, MD	Richard Stemm, MD
Allison Summers, MD	Joseph Vavricek, MD
Christopher Walker, MD	

SURGERY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Kelly Gabel, DO
Charles Schultz, MD

PODIATRY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Dustin Christensen, DPM

PHYSICIAN ASSISTANT (Yes, Covered under FAP)
Brady Gilson, PA-C
Bradley Nace, PA-C

NURSE ANESTHETIST - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Gary Hembd, CRNA
Stephanie Jones, CRNA
John Patterson, CRNA
Gregory Seiler, CRNA
Brad Wertz, CRNA

AUDIOLOGY - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Rachel McArthur, Au. D., F- AAA

NURSE PRACTITIONER - (Yes, facility fees only covered under FAP), (No, provider fees billed separately and not covered under FAP)
Jenny Niblock, APRN

Appendix B

Amounts Generally Billed (AGB) Calculation

AmberMed provides financial assistance on any emergency or other medically necessary care provided to a FAP-eligible individual as outlined in the Financial Assistance Policy. After the patient's account(s) is reduced by the financial assistance adjustment, the patient is responsible for the remainder of the outstanding patient account which shall be no more than amounts generally billed (AGB). Included in the AGB calculation percentage is the total amount of claims for care allowed by Medicare, Medicaid, and/or private health insurers (including the amounts insured individuals are personally responsible for paying in the form of co-payments, co-insurance, and deductibles), regardless of whether secondary insurers end up paying some or all of the insured individual's portion. In addition, secondary insurance allowed amounts are included in the calculation to ensure that the resulting AGB percentage is fully representative of the amounts allowed by the applicable type of insurer(s). The Look Back Method is used to determine AGB percentages which is calculated annually by dividing the sum of the amounts of claims for emergency or other medically necessary care that have been allowed during the prior 12-months by the associated gross charges for those claims.

Amounts Generally Billed: 64.59 %

Effective: January 1, 2021