



Plain Language Summary of the AmberMed Sheridan County Hospital 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 Sheridan County Hospital 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 Sheridan County Hospital Financial Assistance Policy and translation services, please call for a representative at 785-675-3281.



AmberMed
SHERIDAN COUNTY HOSPITAL

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:

Sheridan County Hospital
Attn: Patient Accounting Office
826 18th Street
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.