

PLAIN LANGUAGE SUMMARY

North Mississippi Health Services' Hospitals offer financial assistance to uninsured and underinsured patients for emergency or medically necessary care. The eligibility for uninsured financial assistance depends upon income eligibility criteria based on the Federal Poverty Income Guidelines. Discounts range from 5% to 100% on a sliding scale based on the patient's family size and income.

No patient will be denied financial assistance because of their race, religion, national origin or any other basis which is prohibited by law. NMHS has implemented this FAP for the benefit of the communities we serve. It is the intent of the NMHS FAP to provide assistance to our patients in compliance with Internal Revenue Code Section 501(r) and all other applicable federal, state and local laws, rules and regulations.

NMHS FAP Overview:

Application: To determine if an uninsured patient qualifies for the NMHS FAP, the patient should complete a Financial Assistance Application. Applications are available in the Admissions, Emergency and Business Office Departments at all NMHS facilities. They are also available for download online at www.nmhs.net, by contacting the facility where medical services were received or can be requested by phone at 662-377-3219.

Application Period: Patients must return their completed application and the required supporting financial documentation to the Business Office of the facility where medical services were received, within 240 days from the date of the patient's first bill. Submitted applications will be processed and a determination letter returned to the patient within 30 days.

Minimum Self-Pay Discount: If an uninsured patient is unable or unwilling to provide the necessary documentation to complete the NMHS FAP evaluation, a minimum self-pay discount will be applied. The amount of this discount depends on the facility where services are received.

Non-Participating Providers: Some clinicians do not participate in NMHS FAP. Please check the website for a list of participating providers.

Medically Underinsured: The NMHS FAP also contains a provision for insured patients with an out of pocket liability of a set amount in a single encounter.

Amount Generally Billed (AGB): A FAP eligible patient will not be charged more than the AGB for emergency or other medically necessary care charged to patients who have insurance.

Collection Activities: NMHS will make reasonable efforts to determine if a patient is eligible under the FAP before any extraordinary collection attempt. Collection practices will be

completed in accordance with the NMHS billing and collection guidelines. Collection attempts may be completed by the hospital or a designated agency. Non-payment will not be reported to a collection agency until a minimum 120 days after the first billing date.

Translations: Translations of all NMHS FAP documents are available on the NMHS website and in the Business Offices at all NMHS' affiliate hospitals (Pontotoc Health Services, Inc., Clay County Medical Corporation, Webster Health Services, Inc., Tishomingo Health Services, Inc. and Marion Regional Medical Center). They will provide upon request for populations with limited English proficiency in accordance with federal regulations.

Patient Confidentiality: Any information submitted for consideration under the NMHS FAP will be treated as protected health information under the Health Insurance Portability and Accountability Act.