

## Financial Assistance Policy

Financial Assistance is intended for those patients who for economic and financial reasons cannot meet the requirements of the collection policy of West River Health Services. Financial Assistance is the payment of last resort. Anyone eligible for assistance cannot be charged more than the amounts generally billed (AGB) for emergency or other medically-necessary care. If you have any questions or would like to request an application please contact our Patient Accounts Department at (701) 567-6156, or stop by our Hettinger location at 1000 Highway 12, Hettinger ND 58639 and a Financial Counselor will assist you.

- All patients, regardless of insurance coverage, may be approved for financial assistance.
- Assistance is determined based on household income. Financial assistance discounts may be 40%, 60%, 80% or 100% of total charges. Proof of income is required from **ALL** working members of the household.
- Financial Assistance Program applications cover outstanding patient balances for eight (8) months prior to application date and any balances incurred within 6 months after the approved date. Financial assistance discounts are limited to \$25,000 per household within a 12-month rolling period.
- Financial assistance is not applicable if the charges are the result of an elective procedure.
- Once approved for financial assistance, an application must be submitted every 6 months for continued assistance. If it is approved at less than 100%, payment arrangements must be made for what the patient owes.
- If a Financial Assistance application is denied, an application may be submitted at anytime in the future if the household financial situation changes.

Application - <a href="https://www.wrhs.com/images/pdf/Financial\_Assistant\_Application\_2022MD.pdf">https://www.wrhs.com/images/pdf/Financial\_Assistant\_Application\_2022MD.pdf</a>
Financial Assistance Plan - <a href="https://www.wrhs.com/images/pdf/Financial\_Assistance">https://www.wrhs.com/images/pdf/Financial\_Assistant\_Application\_2022MD.pdf</a>

If you would like a free copy of the application or policy by mail, please contact us at:WRHS Patient Accounts, 1000 Highway 12, Hettinger ND 58639.