



Patient Financial Services – Plain
Language Summary

Subject: Financial Assistance Applies To:
Facility Wide Effective Date: 1/18/2023

PURPOSE

Cumberland Healthcare recognizes that certain individuals are unable to pay entirely or in part for healthcare services provided. The purpose of this plan is to develop a unified system to assist qualified individuals who are unable to pay for their healthcare services. Cumberland Healthcare is a not-for-profit facility approved under 501(c) 3 of the Internal Revenue Code. Cumberland Healthcare will admit, treat and serve all persons without regard to race, creed, color, sex, national origin, gender identity, sexual orientation, handicap, age, or source of income. The Financial Assistance plan shall be applied consistently and no patient shall be denied Financial Assistance based on any of the aforementioned factors.

Cumberland Healthcare's Financial Assistance plan is not an entitlement program. Financial Assistance is offered to patients who are financially unable to pay full charges. Inability to pay will be determined by Cumberland Healthcare and will be based upon specific financial information provided by the patient and/or guarantor.

POLICY

Cumberland Healthcare recognizes that certain individuals are unable to pay entirely, or in part, for services provided by the institution. It is part of our mission to provide health services, and support for the communities in our service area. The purpose of this policy is to assist those individuals who are unable to pay for services provided. The determination to provide charitable services will be made, when possible, before providing services. However, if complete information on the patient's insurance or financial situation is unavailable, not valid, or if the patient's financial condition changes, the designation as Community Care may be made after billing for those services.

All patients seeking healthcare services at Cumberland Memorial Hospital are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay.

PROCEDURE

1. Application

- A. Information about this program and instructions on how to get a free copy of the policy and applications is available by contacting the Patient Financial Services Department of Cumberland Healthcare, 1110 7th Avenue, Cumberland WI 54829 or at the facilities website at www.cumberlandhealthcare.com, or call 715-822-7500
- B. Applicants will be asked to complete a Financial Statement/Application (attachment A) For consideration to the program. A copy of the applicant's W-2, most recent tax return, or other proof of income will be required to be submitted with the application.

Approved By: _____

Mike Gutsch, CEO

1/30/2023
Date

Attachments: Attachment A - Financial Assistance Financial Statement Application

Original Date of Issue: 1/18/2023

Revised Date:

Typist's Initials & File Name: AM:H:IRS/Financial Assistance Policy Plain Language Summary