



FINANCIAL ASSISTANCE APPLICATION

Western Missouri Medical Center Financial Assistance Application

Western Missouri Medical Center (WMMC) is committed to providing financial assistance to qualifying persons who need emergency or medically necessary care. Financial Assistance (FA) is determined on a case by case service basis, if you have additional service(s) you must reapply.

The primary service area of WMMC is defined in WMMC's strategic plan. The towns included in WMMC's primary service area are: Centerview (64019), Chilhowee (64733), Concordia (64020), Higginsville (64037), Holden (64040), Kingsville (64061), Knob Noster (65336), Leeton (64761), Warrensburg (64093), and Whiteman Air Force Base (65305).

We use current federal poverty guidelines to determine how much help each patient may receive. Financial Assistance is determined on a case by case service basis.

When a patient turns in an application for financial assistance, all of the following must be submitted:

- Current Income Tax Return (form 1040,1040A, 1040EZ, Schedules C, E, and F is applicable)
- Payroll check stubs for the past 30 days
- Current Medicaid denial – Visit a Human Arc representative located in the hospital's Patient Access Department.
- Copies of Social Security, Disability Income, Unemployment, or other income
- Copies of any other income (alimony, child support, dividends, interest, rental income, etc.)
- Confidential Information Sheet/Application Form
- Proof of primary residence (state issued ID or other requested documentation in the absence of an ID, for example lease agreement, utility bill, etc.)

If a patient is approved for financial assistance, that patient must set up a payment plan if the balance due cannot be paid in full. If a patient does not make the payments as agreed, we may send the patient's account to a collection agency. Regardless of Financial Assistance there will be a minimum payment at time of service(s). Patients will be asked to make the aforementioned payment at the time of service based on eligibility.

Please return your application to Western Missouri Medical Center - financial counselor is located in the east lobby near registration. Your application will be processed within 30 days after it is received. The Financial Assistance Committee will review your application and mail you a letter of approval or denial. If approved, your application will be valid for three (3) months for charges incurred as a result of medically necessary and/or urgent visits, and we will consider additional WMMC accounts as subject to such approval for financial assistance during that period of time. If you are currently subject to a payment plan, we will re-evaluate your payment plan upon addition of other charges in order to ensure that payments remain appropriate in relation to both the agreement and the balance(s) due.

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Name: _____ Date: _____
Address: _____ County: _____
City: _____ Zip: _____
Phone: _____

Source(s) of Income

Self

Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Job Title: _____ Salary: _____ Hrs/Weekly: _____

Spouse/Significant Other

Employer: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Job Title: _____ Salary: _____ Hrs/Weekly: _____

Other (Alimony, Child Support, Disability, Federal Assistance, Social Security, etc.)

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Dependents

Relationship to applicant

_____	_____
_____	_____
_____	_____

Before you sign, did you include all supporting documents required on page 1? Incomplete applications will not be processed until all documentation is submitted.

I acknowledge that I have received and understand the provisions included in the Financial Assistance Policy. I also understand that all information submitted will be kept in strict confidence. I attest that the above information is true and correct status.

Signed: _____ Date: _____

Signed: _____ Date: _____

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PAYMENT ARRANGEMENT FORM

PATIENT NAME: _____

ADDRESS: _____

PHONE #: _____ DOB: _____

ACCOUNT # _____

PROCEDURE ORDERED: _____

MEDICALLY NECESSARY INFORMATION: _____

Email this form along with any copies of orders to your financial counselor. Once the Financial Counselor has completed the form it will be emailed to the Clinic Director.

Please note, Financial Counselors DO NOT make clinical decisions. If there is a question in response to the medical necessity, the information will be returned to the Clinic Director and for discussion with your physician requesting they verify medical necessity.

DEPOSIT AMOUNT: _____ DATE RECEIVED: _____

PAYMENT ARRANGEMENTS: _____

FINANCIAL COUNSELOR NOTES: _____

PATIENT SIGNATURE: _____ DATE: _____

FINANCIAL COUNSELOR SIGNATURE: _____

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Organization Matters

Patients should keep their medical bills organized and contact the facility or physician indicated on the bill for payment. When you seek medical care at one of our facilities, you may receive multiple bills. Each bill represents a separate set of charges. For example, if you come to the Emergency Room (ER) and the ER physician orders an x-ray, you will receive a minimum of three bills: one for the ER charges, one for the ER physician's charges, and one for the radiologist's charges. It is important for you to organize and pay each bill appropriately. In general, one facility cannot process or explain another entity's bill.

Why am I getting this bill?

When you receive services at Western Missouri Medical Center or one of our locally owned facilities, you may receive bills from multiple providers. Professional (physician) services and facility services are billed separately. WMMC also partners with other physicians to ensure we can provide the very best care. Therefore, it is necessary to send separate bills for the various services provided. If you have any questions about your bill, please call the customer service number on that bill.

What are your responsibilities?

It is your responsibility to give us accurate and complete demographic and billing information. WMMC will file your claims, but it is very important to have accurate information, including subscriber and insurance information. If you move, change your name, change jobs, or have a new insurance provider, please be sure to bring that to our attention upon registration.

Responsibility matters

While you may have insurance or feel that a third party should cover your treatment, the ultimate responsibility for the payment of your account is yours. WMMC can and will bill third party payers, and will make reasonable attempts to collect. If we are unable to properly collect from a third party payer, we may seek payment from the patient.

Contact

Western Missouri Medical Center
Jenny L. Tidmore – Financial Counselor
660-262-7396 phone
660-262-7346 fax
jtidmore@wmmc.com