



Thank you for choosing Yavapai Regional Medical Center for your care.

As the region's leading source for high-quality not for profit healthcare, we are pleased to provide financial assistance for medically necessary care in a fair, consistent, respectful, and objective manner for low income patients who are uninsured or underinsured.

The term *Medically Necessary* refers to inpatient or outpatient healthcare services provided for the purpose of evaluation, diagnosis, and/or treatment of an injury, illness, disease or its symptoms that if left untreated would pose a threat to the patient's ongoing health. Services not considered medically necessary are services that are cosmetic, experimental or part of a clinical research program. Private fees for physicians, radiologists and anesthesiologist services remain the patient's responsibility.

### APPLICATION PROCESS

A financial assistance application must be completed within 30 days after discharge or before any court judgment has been assigned to the account. Documentation necessary for income and asset verification for the household includes, but is not limited to:

- W-2 or paycheck stubs for the last three (3) months
- Social Security checks
- Unemployment checks
- Current IRS tax return
- Bank and/or credit union statements for the last three (3) months
- Investment statements for the last three (3) months
- Mortgage statements and annual property tax statements
- Self-employment business records
- In the absence of income, a letter of support from individual(s) providing for the patient's basic living needs may be submitted
- YRMC may require additional verification of income and assets upon request

Other supporting documents include:

- Relationship of household members
  - birth or baptismal certificate or adoption papers for minor age children
- Social Security Cards
- Bank statements for the most recent 90-day period
- Proof of legal residency
  - Current Driver's License
  - Other documents proving legal residency

Incomplete applications will be denied until they are fully completed. A letter will be sent to the patient outlining the information needed with instructions on how to submit the necessary documents. Applications will remain on file for 120 days. If the required documents are not received, or no payment arrangements have been made, the account will be submitted for bad debt review.



ELIGIBILITY DETERMINATION

The YRMC Business Office has 30 days from the date when the completed application is received to authorize financial assistance and to notify the patient. Final determination for financial assistance will be provided in writing. Assignment to a collection agency will not occur during the assistance determination process.

The determining factors for approval are:

- There is no third-party responsible for payment
• Household income is below 350% of the Federal Poverty Level
• Must reside within YRMC's service area for a minimum of six (6) months preceding the date when services are rendered.
• A credit history report may be requested
• Household assets: Checking accounts, Savings accounts, Stocks, bonds and annuities, Cash value of life insurance policies, Personal property, Vehicles other than primary transportation

PAYMENT PLANS

YRMC will limit the amount collected from the patient to no more the 20% of the patient's household income per year, unless the patient's household has qualified assets.

Terms of payments plans:

Table with 2 columns: AMOUNT OWED, MONTHS TO PAY. Rows include ranges from \$75-250 to \$4,001-5,000+.

If a payment plan needs further extension, please contact the Business Office.

Patients who agree to make monthly payments will not be assigned to a collection agency and will not be charged interest. Failure to make a payment within two (2) months may result in the account being submitted to a collection agency.

Patients have the right to appeal the financial assistance determinate by submitting an explanation of circumstances to the YRMC Business Office within 30 days of receiving the notification of determination.

A copy of the financial assistance application and the complete financial assistance policy is available from YRMC's website at www.yrhc.org/patient-financial-services/financial-assistance or by calling the YRMC Business Office at (928) 771-5151. If you have any questions about the Financial Assistance Program, please contact the YRMC Business Office.

THE UNDERSIGNED VERIFIES RECEIPT OF THIS INFORMATION ABOUT THE PATIENT FINANCIAL ASSISTANCE PROGRAM.

Signature and Date/Time fields for patient or representative.