

CROSBYTON CLINIC HOSPITAL
PLAIN LANGUAGE SUMMARY OF FINANCIAL ASSISTANCE POLICY
(FAP)

- As a part of its mission, Crosbyton Clinic Hospital (CCH) will provide financial assistance to patients who lack the ability to pay for emergency and medically necessary hospital services. Financial assistance does not apply to bills from Doctors, outside labs or other providers.
- Generally, if your yearly income is less than or equal to 300% of the Federal Poverty Guidelines, <http://aspe.hhs.gov/poverty/index.cfm>, you will qualify for financial assistance. If you qualify your balance owed at the time of the FAP application will be written off or discounted. You can ask for help with your bill at any time during your hospital stay or billing process.
- The determination of the ability to pay may take into account a number of variables, including income level, family size and amount of hospital charges. In extraordinary cases CCH may take into account earning status of patient and family and the frequency of hospital and medical bills.
- A printed free copy of the FAP and FAP application can be obtained on our website at cchdistrict.org or crosbytonclinchospital.com. Printed free copies may also be obtained at 710 West Main Street or by calling 806-675-2382 extension 245 and requesting it be mailed to you. Assistance with understanding and completing the FAP application can be obtained at the above address or calling the above contact number. The languages for which the above documents have been translated are available as an exhibit to the FAP.