



FINANCIAL ASSISTANCE PROGRAM (FAP) Plain Language Summary

Ely-Bloomenson Community Hospital (EBCH) is committed to providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for government programs, or otherwise unable to pay. EBCH Financial Assistance Program (FAP) provides a full or partial discount on bills for medically necessary care, for those who are eligible.

Program Guidelines

- Must pertain to medically necessary care provided by EBCH.
- May require proof of denial by Medical Assistance.
- Services not billed by EBCH (e.g., Essentia Health, Ely Area Ambulance, BWCC, etc.) are not eligible for this program.
- All medically necessary patient balances may be considered, if eligible.
- This is not an insurance program.

Program Qualifications

- Based on a sliding scale:
 - 100% discount if household income is less than 125% of Federal Poverty Guidelines (FPG)
 - 75% discount if household income is between 126% and 135% of FPG.
 - 50% discount if household income is between 136% and 150% of FPG.
 - Greater of amounts generally billed or 30% discount if household income is between 151% and 180% of FPG.
- Application is completed, along with requested documents unless patient qualifies for presumptive financial assistance.
- Eligibility is determined after reviewing your financial circumstances.

How to Apply

There are three ways to receive a Financial Assistance Application:

1. Download an application from our website www.ebch.org.
2. Call an EBCH representative at one of the numbers below & request an application be mailed to you.
3. Pick up an application at the registration area's within EBCH.

Billing Information

- More detailed information is provided on our website. If you are unable to pay all or part of your EBCH medical bill(s) or have questions regarding your bill, a hospital representative will be happy to help you. Please contact us at:

218-365-3271

- Before any medical appointment at EBCH, check with your insurance company for coverage requirements, including whether a referral or prior authorization is needed.
- If you do not have insurance, you may qualify for Medical Assistance through your county or state.
- EBCH will bill your insurance for charges related to your visit. The remaining balance is your responsibility.
- An individual who is determined to be eligible for EBCH Financial Assistance shall not be required to pay more than the amounts generally billed (AGB) to individuals who have insurance covering such care. This amount is calculated annually.
- If you are unable to pay the balance in full or have questions regarding your coverage, please contact an EBCH representative.
- A collection agency may be used when balances go unpaid.

You can download copies of any of our policies on our website www.ebch.org

- **Billing and Collection Policy**
- **Financial Assistance Policy**
- **Financial Assistance Policy – Plain Language Summary**
- **Financial Assistance (Charity Care) Application**