



## 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 a government program, or otherwise unable to pay. EBCH Financial Assistance Program (FAP) provides a full or partial discount on bills for medically necessary care.

### Program Guidelines

- Must pertain to emergency and other medically necessary care provided by EBCH
- Must show proof of denial by Medical Assistance
- Services not billed by EBCH (e.g., Essentia Health, Ely Area Ambulance, BWCC) are not eligible for this program
- Services billed by EBCH are covered under our FAP. e.g., Medical Doctors, NPs, CRNAs.
- Must pertain to services provided within the last 12 months
- This is not an insurance program
- This program is limited to our service area as defined in the Financial Assistance Policy

### Program Qualifications

- Based on a sliding scale:
  - 100% discount if household income is less than 100% of Federal Poverty Guidelines (FPG)
  - 75% discount if household income is between 101% and 110% of FPG
  - 50% discount if household income is between 111% and 121% of FPG
  - Greater of amounts generally billed or 25% discount if household income is between 122% and 133% of FPG
- The value of your assets is at or below \$20,000 for a single person and \$40,000 for a household of two or more
- Application is completed, along with required documents
- Eligibility is determined after reviewing your financial circumstances

[ebch.org](http://ebch.org)

328 W Conan St.  
Ely, MN 55731  
218-365-3271

## **How to Apply**

There are three ways to receive a Financial Assistance Application:

1. Download an application from our website [www.ebch.org](http://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 from the EBCH Business Office or hospital registration desk.

## **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:

**218-365-8761 or 218-365-8776**

**218-365-8762 or 218-365-8764**

- 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 the balances go unpaid.

You can download copies of any of our policies on our **website** [www.ebch.org](http://www.ebch.org)

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