

**HUNTSVILLE MEMORIAL HOSPITAL**  
**Financial Assistance Plain Language Summary**  
**Walker County Indigent Care Program**  
**Attachment E**

Financial Assistance is available if you do not have the ability to pay for healthcare services. The type of assistance you may receive depends upon your financial need. Patients whose Federal Poverty Level is at or below 50% may qualify for the Walker County Indigent Care Program.

The current Federal Poverty Income Requirements for 2019 are provided within the table below:

Family Size	Walker County Indigent Care
	50% Poverty
1	\$6,245
2	\$8,455
3	\$10,665
4	\$12,875
5	\$15,085
6	\$17,295
7	\$19,505
8	\$21,715
<i>For Households larger than 8, add \$2,160.00 per person.</i>	

To apply for Financial Assistance, please complete an application, and provide the completed application with the required documents listed below. Financial Assistance applications are valid for six months. You will need to apply for Financial Assistance every six months if you are still receiving care at the hospital.

Individuals qualified for financial assistance will not be charged more than the amounts generally billed (AGB) for emergency or other medical care provided to individuals with insurance coverage. Additional information regarding the Financial Assistance Policy, Application, and information regarding amounts generally billed (AGB) can be found at [www.huntsvillememorial.com](http://www.huntsvillememorial.com).

The Financial Assistance Application can be found online at:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/health-services-providers/cihcp/cihcp-app-healthcare-assist-form-100.pdf>

A paper copy of the application is available at the hospital Admissions or Financial Counseling Departments. Translations of the Financial Assistance Policy, Application, information regarding amounts generally billed (AGB) and the Plain Language Summary are available in Spanish.

Please contact us at 936-293-4464 if you need help with your application.

## **Required Documents:**

### **Citizenship:**

1. Must be a US Citizen, verified by valid Certificate of Naturalization or “sponsored alien”  
“A person who has been lawfully admitted to the United States for permanent residence under the Immigration and Nationality Act (8 U.S.C/ Sectopm 1101 et seq.) and who, as a condition of admission was sponsored by a person who executed an affidavit of support on behalf of the person.”

### **Identity: Two Types of Identification**

1. Driver’s license or other form of picture identification.
2. One other form of identification – (Social Security card, Employee ID, voter’s registration card, birth certificate, or marriage license).

### **Income: All applicable items must be presented for proof of household income**

1. Proof of employment – Paycheck stubs or letter from employer or previous employer with employer’s name, address, telephone number, length of service and money earned.
2. Social security award letter or copy of current check.
3. Copy of current check from any other source such as retirement, disability, or VA benefits, unemployment, child support, or housing.
4. Food stamp printout / letter or reason for denial.
5. Previous year’s income tax return, W-2 forms, or 1099.
6. Medicare, Medicaid, or CHIP card for any household members.

### **Residency: Two items must be presented for proof of residence**

1. Current telephone bill with your address.
2. Current utility bill with physical address of your residence.
3. Voter’s registration card.
4. Property tax statement for residence.
5. Rent receipt or rental/lease agreement.

**Need help completing your application? Call our Financial Counseling Department at: 936-293-4464**

### **Applications can be submitted by:**

1. Mail to: Huntsville Memorial Hospital  
Attn: Financial Counseling Department  
125-B Medical Park Lane  
Huntsville, TX 77340
2. Fax to: 936-291-4271
3. Bring completed application in to office, 125 B Medical Park Lane.  
Financial Counseling hours: Monday - Thursday 8a.m. to 5p.m

## Frequently Asked Questions:

### How Will I be notified if I am approved for Financial Assistance?

The process of application review, approval or denial, and patient notification of decision shall not take more than fourteen (14) days from the date that the application is received with all required information. Notification to patient is by mail.

### If I am Approved for the Walker County Indigent Program, What Do I Need to Know?

#### Walker County Indigent Care Program Facts

<b>SCHEDULE OF BENEFITS</b>	
<b>Benefit Plan Year:</b>	January 1 <sup>st</sup> through December 31 <sup>st</sup>
<b>Benefit Plan Maximums per Plan Year:</b>	The first of the following to occur in any one Benefit Plan Year: Total plan payments of \$30,000 or 30 days Inpatient Hospital and/or Skilled Nursing Care maximum
<b>Eligibility Re-certification:</b>	Every 180 days or as needed
<b>Mail all Claims and Correspondence to:</b>	<b>Payor:</b> Huntsville Memorial Hospital Attn: Financial Counseling <b>Mailing Address:</b> 125-B Medical Park Lane Huntsville, TX 77340 <b>Customer Service:</b> (936) 293-4464
<b>Claims Filing Deadline:</b>	<b>95 days from Date of Service</b>

#### Referral Requirements

The HMH Medical Clinic – Huntsville is the primary care provider (PCP) for this patient population. A referral from the patient's HMH Medical Clinic PCP is **required** for any and all services provided outside of their PCP. If a referral to a specialist is granted and the Specialist refers the patient to another Specialist, the patient must first report back to their HMH Medical Clinic PCP to secure the additional referral.

**ALL REFERRALS MUST ORIGINATE FROM THE HMH MEDICAL CLINIC.**

#### **BASIC HEALTH CARE SERVICES CHAPTER 61 STATE OF TEXAS HEALTH AND SAFETY CODE SEC. 61.028**

1. Primary and preventative services designed to meet the needs of the community, including:
  - (A) immunizations;
  - (B) medical screening services; and
  - (C) annual physical examinations;
2. Inpatient and outpatient hospital services;
3. Rural health clinics;
4. Laboratory and X-ray services (\$3.00 co-payment is applicable)
5. Family planning services;

6. Physician services;
7. Payment for not more than three prescription drugs a month; and
8. Skilled nursing facility services, regardless of the patient's age.

**Optional Healthcare Services**  
**CHAPTER 61 STATE OF TEXAS HEALTH AND SAFETY CODE**  
**SEC. 61.0285**

1. Ambulatory surgical center services;
2. Diabetic and colostomy medical supplies and equipment;
3. Durable medical equipment;
4. Home and community health care services;
5. Social work services;
6. Psychological counseling services;
7. Services provided by physician assistants, nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists;
8. Dental care;
9. Vision care, including eyeglasses;
10. Services provided by federally qualified health centers, as defined by 42 U.S.C. Section 1396d(l)(2)(B);
11. Emergency medical services;
12. Physical and occupational therapy services; and
13. Any other appropriate health care service identified by department rule that may be determined to be cost-effective.

**Additional Billing Information – Other Providers**

In addition to hospital charges, you will receive separate bills from physicians and other providers who participated in your care. These providers include your referring physician, attending physician, and specialists who are separately contracted with healthcare plans. They are governed by billing rules and procedures that are not the same as the hospital or clinic. They have different criteria for financial assistance application and qualification. Billing questions for these providers should be directed to their individual offices.

Contact information is provided below for Emergency Room Physicians, Radiologists, Pathologists, Anesthesiologists, and Hospitalists.

If you have questions regarding a specific provider of service who is not listed below, please contact us at 936-291-3411.

❖ **HMH Hospital Emergency Room Physicians  
Team Health  
2620 Ridgewood Road #300  
Akron, OH 44313  
(888) 952-6772**

❖ **Anesthesiologists  
Premier Anesthesia  
2655 Northwinds Pkwy  
Alpharetta, GA 30009  
(877) 742-0399**

❖ **Pathologists  
Sagis Diagnostics  
4131 Directors Row  
Houston, TX 77092  
877-697-2447**

❖ **Radiologists  
Bryan Radiology Associates  
2722 Osler Blvd., P.O. Box 5306  
Bryan, TX 77805  
(979) 776-8291**

❖ **Hospitalists  
Hospitalist Doc  
PO BOX 946  
Montgomery TX 77356  
(281) 408-4108**

### **What Are My Rights If My Application is Denied?**

If your request for uncompensated services has been denied, you may appeal within thirty (30) days after you have received the Notice of Denial of Application.

The Application for Appeal is located on the Huntsville Memorial Hospital internet at: [www.huntsvillememorial.com](http://www.huntsvillememorial.com). A paper copy of the appeal form is available at the hospital Admissions or Financial Counseling Departments.

Need help? Call our Financial Counseling Department at: 936-293-4464