

Summary of Financial Assistance Policy

Pioneer Memorial Hospital & Health Services has an extensive Financial Assistance Policy (FAP). We offer financial assistance for emergency and medically necessary services provided and billed through our Patient Financial Services. This assistance, ranging from a reduction in the amount of the balance outstanding up to complete forgiveness of the balance outstanding, is provided to patients demonstrating financial need.

The assistance is provided on a sliding scale discount based upon verifiable total household income as a percentage of the federal poverty level (FPL) guideline. Please reference the following table:

| Annual Family Income | Maximum Discount |
|----------------------|------------------|
| 200% or less of FPL | 100% |
| 201% - 250% | 75% |
| 251% - 300% | 50% |
| 301% - 350% | 24% |
| 351% or above of FPL | 0% |

Exceptional financial circumstances. If your total household income exceeds the maximum 350% of the FPL, yet you have supplied additional documentation to support the hardship your medical condition has caused for you and your family, you will be considered on a case by case basis for assistance.

Application Filing Date. The right to apply for financial assistance consideration begins on the date of service and extends through the 240th day after the first billing statement is sent to the patient or guarantor. However, patients and guarantors are encouraged to submit their Financial Assistance applications as soon as possible.

Notification of availability of our Policy. Every effort will be made to identify patients needing assistance as early as possible. Pioneer Memorial will widely publicize the program through (1) signs at registration areas in our hospital and clinics, (2) summary available at time of admission or discharge, (3) policy, summary, and application available at the Pioneer Memorial website, (4) patient billing statements, (5) brochures and other informational materials provided to the patient and family, and (6) healthcare providers and staff identifying patients with potential financial need.

Services covered by a financial assistance application. An approved Financial Assistance application will cover charges for emergency and medically necessary care provided at Pioneer Memorial Hospital, Viborg Medical Clinic, Parker Medical Clinic and Centerville Medical Clinic with charges billed through our Patient Financial Services. We may consider charges for services provided after our date of approval for up to six months without requiring a new application to be completed. We may require you to provide updated financial information.

Limitation of charges. All individuals that are FAP eligible will not be charged more than the amount generally billed (ABG) for their emergency or medically necessary care.

Extraordinary collection activities. Pioneer Memorial will not engage in extraordinary collection activities, such as lawsuits or garnishments, before making reasonable efforts to determine whether an individual who has an unpaid account is eligible for financial assistance.

How to request financial assistance. You may obtain a Financial Assistance application or a copy of our policy from Patient Financial Services:

- By telephone at 605-326-5161
- By mail at 315 N. Washington St, Viborg, SD 57070
- Or by visiting our website at www.pioneermemorial.org and clicking on the Patient & Visitors tab