United Hospital District Patient Financial Services:	Plain Language Summary Financial Assistance of United Hospital District
	APPROVED BY: Revenue Cycle Manager
DATE REVIEWED/REVISED: 06/09/2025	**FORMULATED BY:** Revenue Cycle Manager

Plain Language Summary of United Hospital District's Financial Assistance Program

As a commitment to the communities we serve, United Hospital District provides care to those in need, regardless of ability to pay.

Financial Assistance Guidelines:

- An individual may qualify for Financial Assistance, or "Community Care" as determined by a sliding fee scale, based on the Federal Poverty Guidelines, published each year.
- An individual may qualify for 25%, 50%, 75% or 100% financial assistance at UHD.
- Only services rendered and billed by United Hospital District are eligible for Community Care under this policy.
- The discount will be applied to all emergency and medically necessary health care services for the 6 months prior and up to 6 months after the qualification has been approved.
- Patients/guarantors must be willing to provide timely documentation such as a completed application and all supporting documentation as required.
- Services that are not eligible for charity care because they are not considered medically necessary include, but are not limited to, cosmetic procedures, birth control or fertility treatments, non-emergency dental procedures, tubal ligations, vasectomies, direct access lab, and circumcision of babies.

Applicants must provide:

- Information about the number of household family members
- Information about your family's income

  *Examples of proof of income include, prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.
- Signed and dated Financial Assistance Application

Applying for Financial Assistance

The patient or guarantor can express financial concerns at any point during patient care. The patient or guarantor will then be encouraged to complete a Financial Assistance Application. UHD's Financial Assistance Policy, the Financial Assistance Application and a Plain Language Summary are available free of charge, in English (or in other languages that constitute the primary language of at least 5% or the 1,000-person threshold of the population in communities where UHD facilities are located). Financial Assistance applications are also available at the registration desks and the business office. All self-pay

patients are screened for Financial Assistance. At least 2 contact attempts by phone or mail will be made to discuss Financial Assistance Options.

Individuals may obtain these documents through the following means: hard copies will be provided in person; or mailed to the patient upon request. Hard copies can be accessed, downloaded, and printed from our website at www.uhd.org

Completed applications and required documentation can be mailed to:

United Hospital District and Clinics
Attn: Kathie Thom
PO Box 160
Blue Earth, MN 56013

For assistance or questions, please call the UHD Business Office at 507-526-3273, Monday through Friday, 8:00 a.m. to 4:30 p.m.