



Financial Assistance Instructions and Plain Language Summary

Washington State requires all hospitals to provide Charity Care to people and families who meet certain income requirements. You may qualify for free care or reduced-price care based on your family size and income, even if you have health insurance.

Federal Poverty guidelines can be found on our website: [Billing Information – Summit Pacific Medical Center](#). No individual qualifying Summit Medical Center's (SPMC) Charity Care Policy shall be charged more than the Amounts Generally Billed (AGB) for emergency or other medically necessary services.

Eligibility Criteria

Charity Care is secondary to all other financial resources available to the patient, including all other third-party payment sources. The guidelines used as criteria will include but not be limited to the following.

- Persons eligible for Charity Care will be comprised of those deemed to have undue financial hardships, considering income, resources, and obligations as determined by SPMC that make them unable to pay for all or a portion of their medical care. Such considerations will include a review of gross income and family size, and may also include other pertinent factors particular to each Charity Care request; such as those above 100% of the current federal poverty guidelines.
- The full amount of charges will be determined to be the basis for Charity Care for any patient whose gross family income is at or below 200% of the current federal poverty guidelines.
- The following adjustment percentages shall be used to determine the amount which shall be written off for patients with income levels between 100% and 300% of the current poverty level.
 - 200% or less One hundred percent (100%) Charity Care
 - 201% - 250% Seventy-five percent (75%) Charity Care
 - 251% - 300% Fifty percent (50%) Charity Care

The responsible party's financial obligation which remains after the application of Charity Care may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between SPMC and the responsible party.

- Charity Care may cover necessary, or emergency medical treatment received at SPMC, inpatient or outpatient setting. Services not qualifying under Charity Care may include transportation costs or elective procedures. Non-residents of Washington State are eligible for Financial Assistance consistent with WAC 246-453-060, which includes emergent, non-scheduled services only

What does financial assistance cover? SPMC's Charity Care covers appropriate hospital/clinic based services provided by SPMC depending upon your eligibility. Charity Care may not cover all health care costs, including services provided by other organizations. Elective services are not covered by Charity Care.

If you have questions or need help completing this application: Please contact our billing office, CBO Solution, at 888-292-8810. You may obtain a free copy of the Charity Care Policy and Application Form by mail and obtain help for any reason, including disability and language assistance. Spanish version of the Charity Care Policy and plain language summary are available on our website, or at any SPMC location.

In order for your application to be processed, you must:

- Provide us information about your family
- Fill in the number of family members in your household (family includes people related by birth, marriage, or adoption who live together)
- Provide us information about your family's gross monthly income (income before taxes and deductions)
- Attach additional information if needed
- Sign and date the Charity Care application form

Note: You do not have to provide a Social Security number to apply for Charity Care.

We will notify you of the final determination of eligibility and appeal rights, if applicable, within 14 calendar days of receiving a complete Charity Care application, including documentation of income.

We want to help. Please submit your application promptly!

You may receive bills until we receive your information.

If you have any questions about the process please contact us at: 1-888-292-8810

Mail completed applications with all documentation to:

**CBO Solution
P.O. Box 2726
Spokane, Washington 99220**

Be sure to keep a copy for yourself

To submit your completed application in person, you may visit us in person at: Summit Pacific Medical Center, 600 East Main Street, Elma, WA 98541. Office hours are Monday – Friday 9:30am to 4:00pm. Phone: 360-346-2332.