SUMMIT PACIFIC
• MEDICAL CENTER •

Community Care Application

Confidential

Please mail to:
The CBO Solutions
c/o Summit Pacific Medical Center
P.O. Box 2726
Spokane, WA 99220
1-888-292-8810

Date of Request:_____

Patient Name:_____Patient Account #:_____

Address:_____Telephone #:_____

Person Responsible for Paying Bill: _____ Relationship to Patient: _____

☐ ***I have attached to this application a copy of my family's proof of income, as 12 months of income verification is <u>required</u> for determination of community care eligibility. Income verification examples can be W2, paystubs, tax returns, written employment verification from employer, approval/denial for Medicaid and or state-funded medical assistance, etc. If proof of income is not available, or if there is no income to verify, please explain on the back of this application your financial situation.***

List Family members in your household, including you. "Family" includes people related by birth, marriage or adoption who live together. In addition, family member(s) must be claimed as dependents on federal income taxes for the most recent filed return. **Family Size**:_____

Family member names:	Relationship / Responsible Person
_____	_____
_____	_____
_____	_____
_____	_____

Total household income from all sources for the last 12 months: $_____

I affirm that the above information is true and correct to the best of my knowledge. I also understand that if the information that I have submitted is determined to be false, such determination will result in a denial of this application and that I will be liable and be expected to pay for the services provided.

Applicants Signature_____Date_____

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Financial Assistance Form Instructions

This is an application for financial assistance (also known as charity or community care) at Summit Pacific Medical Center, including any of our three related rural health clinics, urgent care, and/or hospital based services.

Washington State requires all hospitals to provide financial assistance 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. Please see Page 2 of this application for eligibility guidelines.

What does financial assistance cover? The financial assistance covers hospital and clinic-based services provided by Summit Pacific Medical Center upon your eligibility. Financial assistance may not cover all health care costs, including services provided by other organizations.

If you have questions or need help completing this application: You may obtain help for any reason, including disability and language assistance by contacting our billing office (CBO Solutions) at 1-888-292-8810. You may also call Kimberley Kelley at 360-346-2269 or by email: Enrollment@sp-mc.org

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)**
- □ **Provide documentation for family income**
- □ **Attach additional information if needed**
- □ **Sign and date the form**

Note: **You do not have to provide a Social Security number to apply for financial assistance**. Social Security numbers are used to verify information provided to us. If you do not have a Social Security number, please mark "not applicable" or "NA"

Mail completed application with all documentation to our billing office: The CBO Solutions, P.O. Box 2726, Spokane, WA 99220.

To submit your completed application in person: Applications: All of our Financial Assistance Applications can be obtained on our website at www.sp-mc.org, under the billing tab; by calling our billing office at 1-888-292-8810 and requesting such applications to be mailed to you; and/or by stopping in to one of our physical locations listed below. Application copies are available upon your request free of charge to you.

SUMMIT PACIFIC • HEALTHCARE CLINIC •	ELMA FAMILY MEDICINE	SUMMIT PACIFIC • McCLEARY HEALTHCARE CLINIC •
Monday – Friday 7 a.m.-5 p.m. 600 E Main Street Elma, WA 98541	Monday – Friday 7 a.m.-5 p.m. 575 E Main Street, Bldg. #2 Elma, WA 98541	Monday – Friday 7 a.m. to 5 p.m. 105 West Simpson Avenue McCleary, WA 98557

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Plain Language Summary of Various Financial Assistance Options and Hierarchy

Property Tax Credit: Patients living within the district may receive a credit in the amount of the public hospital district portion of their property taxes assessed within the same year of the related date of service, up to a maximum annual credit of $500. Patients are required to supply their property tax statement and complete the Property Tax Application.

Financial Assistance: Patients that have an annual family income below 200% of the federal poverty level can apply for a full write off of their balance. Those that earn between 200% and 300% of the federal poverty level can apply for a partial write off. Financial assistance eligible patient will be charged no more than amounts generally received from insurance payers. All applicants are required to complete the Financial Assistance Application form, as well as provide proof of income. SPMC follows the 2017 U.S. Federal Poverty Guidelines for Community/Charity Care qualifications:

Household Size	Poverty Guides	Income Range	Income Range	Income Range	Income Range	Income Range
1	$12,060	$12,060-24,120	$24,121-26,532	$26,533-28,944	$28,945-31,356	$31,357-36,180
2	$16,240	$16,240- 32,480	$32,481-35,728	$35,729-38,976	$38,977-42,224	$ 42,225-48,720
3	$20,420	$20,420- 40,840	$40,841-44,924	$44,925-49,008	$49,009-53,092	$ 53,093-61,260
4	$24,600	$24,600- 49,200	$49,201-54,120	$54,121-59,040	$59,041-63,960	$ 63,961-73,800
5	$28,780	$28,780- 57,560	$57,561-63,316	$63,317-69,072	$69,073-74,828	$ 74,829-86,340
6	$32,960	$32,960- 65,920	$65,921-72,512	$72,513-79,104	$79,105-85,696	$ 85,697-98,880
7	$37,140	$37,140- 74,280	$74,281-81,708	$81,709-89,136	$89,137-96,564	$ 96,565-111,420
8	$41,320	$41,320- 82,640	$82,641-90,904	$90,905-99,168	$99,169-107,432	$ 107,433-123,960
Additional People	$4,160	Up to 200% PGL	$200-220% PGL	220-240% PGL	240-260% PGL	260-300% PGL
Discount	**100%**	**100%**	**85%**	**75%**	**50%**	**37%**

Prompt Pay Discount: Patients are eligible to receive a 25% discount if the balance is paid within 30 days. The discount amount is to be calculated and deducted from the billing statement by the patient, as noted on the invoice. Statements will only print the "Prompt Pay Discount" message on the first statement. This 25% discount is to be applied after all other financial assistance options listed above have been applied.

Payment Plan Options and Billing Questions: Any patient billing and payment questions can be asked of our billing office, The CBO Solutions, who can be reached at 1-888-292-8810. Payments can also be made at www.sp-mc.org, under the billing tab.