

## **Pagosa Springs Medical Center Financial Assistance Policy**

Pagosa Springs Medical Center (PSMC) provides healthcare services to all patients regardless of their ability to pay and offers financial assistance to those who cannot pay. PSMC Hospital provides financial assistance to all uninsured and underinsured patients whose household income is less than or equal to 500% of the Federal Poverty Level (FPL), with the level of discounts for which a patient is eligible determined based on the patient's household income as a percentage of FPL, personal assets and amount of medical debt for PSMC Hospital. Financial Assistance for PSMC Rural Health Clinic is based solely on household income and family size.

### **What is the application process?**

- Application may be obtained in-person from Patient Registration, and Financial Counselors, by mail from Financial Counselors and on line at [www.pagosaspringsmedicalcenter.org](http://www.pagosaspringsmedicalcenter.org)
- Patients must complete an application and furnish proof of income, as provided in the application.
- The completed application and proof of income must be mailed to:  
Pagosa Springs Medical Center  
Attention: Customer Service  
95 S Pagosa Blvd.  
Pagosa Springs, CO 81147

Applications may also be dropped off to the Hospital Financial Counselor or faxed to 970.731.3707

### **When is the application due?**

- There is no time limit to apply for financial assistance. A patient with an approved payment plan, who can no longer make payments, may apply. A patient whose account has been referred to collections may still apply.

### **What is the approval process?**

- Upon receipt of the completed financial assistance application, billing continues, but collection activities associated with the patient's account are put on hold until the patient's application can be reviewed and eligibility for financial assistance can be reviewed. The review will be completed within fifteen (15) working days.

- Once the application is reviewed, PSMC will contact the financial assistance applicant by mail to:
  - ✓ Request additional information
  - ✓ Inform the applicant of their application's disapproval and the reason for the disapproval; or
  - ✓ Inform the applicant of their application's approval, the percentage applied to their patient account, and the amount, if any owed.

**Where is more information available?**

- More information is available on the web at [www.pagosamedicalcenter.org](http://www.pagosamedicalcenter.org)
- You can call:

<b>Financial Counselor</b>	970.507.3939
<b>Customer Service</b>	970.585.1405