



ESTES PARK MEDICAL CENTER  
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## Policy

Estes Park Medical Center provides quality healthcare services to all patients, without discrimination, regardless of their ability to pay.

Those patients without the income, financial resources or third party insurance coverage to pay for hospital services shall be deemed by Estes Park Medical Center to be in need of financial or charity assistance.

Charity is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with Estes Park Medical Center's procedures for obtaining charity or other forms of payment or financial assistance, and to contribute to the cost of their care based on their individual ability to pay.

## Definitions

**Charity/Financial Assistance:** The inability to pay for medical services.

**Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of financial assistance.

**Uninsured (Self-Pay):** The patient has no third party insurance coverage to pay for hospital services.

**Underinsured:** The patient has third party insurance coverage which pays for a portion of hospital services leaving the patient with out-of-pocket expenses that exceed his/her financial abilities.

**Emergency medical conditions:** A sudden medical condition where the absence of immediate medical attention could result in placing the individual's health in serious jeopardy or result in serious impairment to bodily functions or serious dysfunction of bodily organs or parts.

**Medically necessary:** As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).

## Procedures

### Services Eligible Under this Policy

For purposes of this policy, "charity" or "financial assistance" refers to healthcare services provided by Estes Park Medical Center without charge or at a discount to qualifying patients. The following healthcare services are eligible for charity or financial assistance:

1. Emergency medical services provided in an emergency room setting
2. Services for a condition which if not promptly treated, would lead to an adverse change in the health status of an individual
3. Non-elective services provided in response to life-threatening circumstances in a non-emergency room setting
4. Medically necessary services, evaluated on a case-by-case basis at Estes Park Medical Center's discretion

### Eligibility for Charity

Eligibility for charity will be considered for those individuals who are uninsured, underinsured, ineligible for any government health care benefit program, and who are unable to pay for their care, based upon a determination of financial need in accordance with this Policy. The granting of charity shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation.

Estes Park Medical Center will look at other sources of payment prior to offering Charity Care such as CICP (Colorado Indigent Care Program) or Medicaid/CHP+.

Charity Care requests may be initiated by the patient, guarantor or responsible party, employee, physician, or other relevant person.

### Eligibility Evaluation

Patients will be asked to complete a Financial Assistance Application and provide supporting documentation which may include the following:

1. Photo identification
2. Family size
3. Income documentation
  - Income Tax Return
  - Copies of last month pay stub(s)
  - If married, copies of last month pay stub(s) for spouse
  - Expenses (including medical bills)

The Financial Assistance application will be reviewed and approval will be based on Federal Poverty Level Guidelines (FPL). The approval is effective for 6 months. The patient will be informed of their patient responsibility.

*If unable to pay in full, the patient may contact a Patient Financial Services Representative at Estes Park Medical Center to make payment arrangements by calling (970) 577-4127.*

## Payment Plan Guidelines

- A 25% self-pay discount is available to patients with no insurance.
- A 10% prompt-pay discount is available to patients on balances after insurance, if paid in full within forty five (45) days of initial statement. This discount is only available on balances that are categorized as deductible and co-insurance amounts by the insurance company. This discount is not available on after insurance balances that represent a patient co-pay.
- Up to 6 month Interest free payment contracts available on request.
- For payment contracts exceeding the 6 month window, we offer non-qualifying bank loan financing through a partnership with Bank of Colorado