



FINANCIAL ASSISTANCE POLICY (FAP) PLAIN LANGUAGE SUMMARY

Comanche County Medical Center (CCMC) maintains a financial assistance policy (FAP) and charity care program to assist persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care, based on their financial situation.

The CCMC financial assistance policy, application and other financial assistance documents are linked on the CCMC website under the Patient & Visitors tab at www.comanchecmc.org/patients-visitors/.

CCMC complies with all federal, state and local laws, rules and regulations and does not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation of the individual applying for financial assistance. FAP-eligible patients cannot and will not be charged more than amounts generally billed for emergency or other medically-necessary care.

CCMC looks at many factors in determining whether or not to provide financial assistance or charity care to an individual. We consider information provided in the financial assistance application which shows the patient's ability to pay, eligibility for government assistance programs, employment status, available assets, patient family income, and other financial resources as well as the patient's payment history with CCMC.

Patients with a family income at or below 300% of the Federal Poverty Level (FPL) are eligible for financial assistance. Patients with family income at 150% or below the FPL are eligible for free healthcare. Those above 150% and at or below 300% of the FPL are eligible to receive services at amounts no greater than the amounts generally received by the hospital for Medicare patients. Patients whose family income is above 300% may be eligible to receive discount rates on a case-by-case basis based upon their specific circumstances.

Please contact the CCMC Business Office at **254-879-4900 x4453** with any questions you may have about our financial assistance policy and/or to request a copy of it and application to be mailed to you at no charge. Our application is available in both English and Spanish. Please note that we provide assistance with completing the application.