**PLAIN LANGUAGE SUMMARY**

Magnolia Regional Health Center (hereinafter “MRHC”) offers a Financial Assistance Program (hereinafter “FAP”) to uninsured and underinsured patients for emergency or medically necessary care. The eligibility for uninsured financial assistance depends upon income eligibility criteria based on the Federal Poverty Income Guidelines. Discounts range from 5% to 100% on a sliding scale based on the patient’s family size and income.

No patient will be denied financial assistance because of their race, religion, national origin or any other basis which is prohibited by law. MRHC has implemented this FAP for the benefit of the communities we serve. It is the intent of MRHC’s FAP to provide assistance to our patients in compliance with Internal Revenue Code Section 501(r) and all other applicable federal, state and local laws, rules and regulations.

MRHC’s FAP Overview:

**Application:** To determine if an uninsured patient qualifies for the MRHC FAP, the patient should complete a Financial Assistance Application. Applications are available in the Admissions, Emergency and Business Office Departments at MRHC. They are also available for download online at www.mrhc.org, or can be requested by phone at 662-293-1151.

**Application Period:** Patients must return their completed application and the required supporting financial documentation to the Business Office within 240 days from the date of the patient’s first bill. Submitted applications will be processed and a determination letter returned to the patient within 30 days.

**Minimum Self-Pay Discount:** If an uninsured patient is unable or unwilling to provide the necessary documentation to complete the MRHC FAP evaluation, a 40% self-pay discount will be applied.

**Non-Participating Provider**s: Some clinicians do not participate in MRHC’s FAP. Please check the website for a list of participating providers.

**Medically Underinsured:** The MRHC FAP also contains a provision for insured patients with an out of pocket liability of a set amount in a single encounter.

**Amount Generally Billed (AGB):** A FAP eligible patient will not be charged more than the AGB for emergency or other medically necessary care charged to patients who have insurance.

**Collection Activities:** MRHC will make reasonable efforts to determine if a patient is eligible under the FAP before any extraordinary collection attempt. Collection practices will be completed in accordance with the MRHC’s billing and collection guidelines. Collection attempts may be completed by the hospital or a designated agency. Non-payment will not be reported to a collection agency until a minimum 120 days after the first billing date.

**Translations:** Translations of all MRHC FAP documents will be provided upon request for populations with limited English proficiency in accordance with federal regulations.

**Patient Confidentiality**: Any information submitted for consideration under the MRHC’s FAP will be treated as protected health information under the Health Insurance Portability and Accountability Act.