

Financial Assistance Policy Plain Language Summary

Highland-Clarksburg Hospital, Inc. provides free or discounted medically necessary care to patients who do not have insurance and who qualify for assistance under its Financial Assistance Policy. Certain exclusions apply, such as balances covered by other payment sources and failure to cooperate in securing alternative funding sources.

This document is a summary only. Please refer to the full Financial Assistance Policy for complete details.

Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy

Patients who qualify for assistance are eligible for income-based, sliding scale discounts for medically necessary care. In general:

- Uninsured patients whose family income is equal to or less than 100% of the Federal Poverty Guidelines are generally eligible for free medically necessary care through the hospital's charity care program;
- Uninsured patients whose family income is between 100% and 200% of the Federal Poverty Guidelines generally receive a sliding scale discount ranging from 25% to 100% for medically necessary care;
- A patient who qualifies for assistance under the Financial Assistance Policy will not be charged more for medically necessary care than amounts generally billed to patients having insurance covering such care.

How to Obtain Copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary, and the Financial Assistance Application and associated instructions are available free of charge upon request in writing to the Accounts Receivable Manager at 3 Hospital Plaza, Clarksburg, WV 26301. Copies can be found in the admission and billing areas of the hospital.

These documents can also be found online at highlandclarksburghospital.com.

Further information about the Financial Assistance Policy and assistance with the application process are available from the Accounts Receivable Manager via phone at 304-969-3105 or in person at Highland-Clarksburg Hospital (3 Hospital Plaza, Clarksburg, WV 26301).

How to Apply for Assistance Under the Financial Assistance Policy

To apply for financial assistance, please submit a completed Financial Assistance Application with supporting documents to:

Highland-Clarksburg Hospital, Inc.
Attn: Accounts Receivable Manager
3 Hospital Plaza
Clarksburg, WV 26301