



**Ozark Health Medical Center, Inc.**  
**2500 Hwy 65 South**  
**Clinton, AR 72031**  
**501-745-7000**

## **FINANCIAL ASSISTANCE PATIENT INFORMATION SHEET**

Ozark Health, Inc. is a non-profit, tax-exempt organization dedicated to meeting the healthcare needs of our community. Consistent with our purpose to deliver compassionate, high quality, affordable health care services and to advocate for those who are less fortunate, Ozark Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care.

Financial assistance is not considered to be a substitute for personal responsibility. Patients are expected to cooperate with procedures for obtaining financial assistance, and contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so, as a means of assuring access to healthcare services, for their overall personal health, and for the protection of their individual assets.

In order to assist Ozark Health in managing their resources responsibly, to provide the appropriate level of assistance to the greatest number of persons in need, and to comply with provisions enacted in the Patient Protection and Affordable Care Act (PPACA), Ozark Health has established a policy to be used for determining financial assistance discounts.

**Services Eligible Under this Policy:** The following healthcare services are eligible for financial assistance:

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

**Patient balances resulting from the services of a 3<sup>rd</sup> party provider such as Radiology Associates, Lab Corp, E.R. Physician charges, or Ambulance services are not considered for financial assistance.**

**Eligibility for financial assistance: All uninsured patients will receive a 48% discount off total charges.**

Eligibility for financial assistance will be considered for those individuals who are uninsured, under-insured, 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 Ozark Health's financial assistance Policy. The granting of financial assistance 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. Ozark health shall determine whether or not patients are eligible to receive financial assistance for deductibles, co-insurance, or co-payment responsibilities.

**For more information:**

1. Ask your registration clerk for an application
2. Download an application at <http://www.ozarkhealth.net>
3. Contact our Patient Financial Counselor between the hours of 8:30 am and 4:30 pm at 501-745-9521.



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## **Ozark Health Financial Assistance Form**

Ozark Health offers a financial assistance program for patients not eligible for other Assistance programs. If it is determined that eligibility exists for other programs, those applications must be completed before an Ozark Health, Inc. financial assistance discount can be approved. Services that are emergent or urgent are eligible for financial assistance. Services not covered under our financial assistance program include cosmetic services and non-emergent Emergency Room visits. Services such as MRI's, surgical procedures, wound care, and therapy services will require prior approval for financial assistance. If you have questions or need help completing this application, please call the financial counselor at 501-745-9521. Please return the form and the required information to Ozark Health, Inc. PO Box 206, Clinton, AR 72031.

All information must be filled in completely.

1. Proof of application for healthcare insurance is required.
2. Attach copies of income: pay stubs, social security checks, pension funds, support payments, previous years federal tax return, etc.
3. Individuals under the age of 19 and over the age of 64 must apply for Medicaid and provide Ozark Health with a copy of the approval or denial.
4. Financial Assistance will only cover services performed and billed by Ozark Health.

**ALL APPLICATIONS MUST INCLUDE PROOF OF INCOME AND PROOF OF APPLICATION FOR HEALTHCARE INSURANCE PRIOR TO PROCESSING, WITHOUT DOCUMENTATION ASSISTANCE CAN NOT BE CONSIDERED.**

Patient/Guarantor Name (Responsible Party):
Mailing Address:
City, State, Zip:
Home Phone Number/Contact Phone Number:

**HOUSEHOLD MEMBERS** (list persons living in household, include yourself.)

Name	SSN	Employer	Work phone	Age	Date of Birth	Relationship



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**HOUSEHOLD INCOME** (list persons living in household, include yourself.)

	Head of Household	Other Wage Earner	Other Wage Earner
Total Income for Past Three Months (Proof of Income Required)			
Total Gross Pay			
Tips			
Farming or Self-employment (tax forms required)			
Social Security, SSI or other disability			
VA, retirement, unemployment & Worker's Comp			
Income from dividends, interest, rent, etc.			
Public Assistance			
Monthly child support or spousal support received			
Contributions			
Other			
Number of months worked during period reported			

**INCOME FROM LAST YEAR'S TAX RETURN (TAX RETURN REQUIRED)**

Did you file taxes for last year?	YES	NO	YES	NO	YES	NO
Gross income from Total Income line on tax return						
Number of months worked during last tax year						
Number of months worked during current tax year						
If self-employed, depreciation claimed on tax return						

Please record all income and resources in the space provided below and at right, Income and resource verification is required for all discounts. Tax forms, pay stubs, employee earning statements from employers, SSA statements, business account records, etc. may be submitted as verification of earnings. Statements for the past three months for all resources listed are required.

**HOUSEHOLD RESOURCES** (Verification required: Average beginning balance for past three months.)

Type	Owner(s)	Average Beginning Balance for past three months
Savings		
Checking Account		
Christmas Club or Credit Union		
Cash on Hand		
Stocks, bonds & other investment accounts		

1. Do you own your home or rent? \_\_\_\_\_ Landlord \_\_\_\_\_
2. Have you or any member of your household applied for healthcare insurance? \_\_\_\_\_
3. If so, why were you denied? \_\_\_\_\_
4. What steps are you taking to improve your current financial situation? \_\_\_\_\_

I affirm that the information is true and correct to the best of my knowledge. I have not made any false statements, errors or omissions. If any information I have given proves to be untrue, I understand that this constitutes fraud and that Ozark Health, Inc. will seek legal action as deemed necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ozark Health is under no legal obligation to provide financial assistance. It does so in order to help members of the community who are actively trying to help themselves.

Recommended by (Hospital Employee) Date \_\_\_\_\_

Approved by Director of Patient Financial Services Date \_\_\_\_\_