



## **OakBend Medical Center**

### **PATIENT FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY**

In fulfillment of its mission, OakBend Medical Center contributes appropriate resources, advocacy and community support to promote the health status of the community which it serves, within its economic ability to do so.

OakBend Medical Center is committed to providing charity care to persons who are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for emergency and medically necessary care based on their individual financial situation and without discrimination.

Patients whose family income is at or below 200% of the Federal Poverty Level (FPL) are eligible to receive free services. Patients whose family income is between 200% and 300% of the FPL are eligible to receive a 75% discount on services provided. Patients whose family income is above 300% of the FPL and with overall medical bills from all providers exceeding 10% of their family income or patients whose family income is above 400% of the FPL and with overall medical bills from all providers exceeding 25% of their family income are eligible to receive services at a discounted amount. This discounted rate remaining after discount for the patient is not to exceed the average amount OakBend Medical Center would get paid by private insurance and Medicare.

If you are required to pay a discounted amount, and you cannot pay the discounted amount in full after the services are provided, OakBend Medical Center will attempt to collect this discounted amount. OakBend Medical Center will provide regular billing statements requesting payment from you. If you cannot pay the discounted amount in a single payment, OakBend Medical Center offers interest free extended payment options. Any discounted amounts remaining unpaid will be turned over to a third party collection agency for further collection attempts.

A free copy of OakBend Medical Center's Financial Assistance Policy, the Application for Financial Assistance and Collection Policies are available on OakBend Medical Center's website at [www.oakbendmedcenter.org](http://www.oakbendmedcenter.org), are available in the Hospitals' Admitting and Registration areas, can be obtained by contacting Patient Registration at 281-633-4074 or 281-341-2858, and can be requested by mail at: OakBend Medical Center, Attn: Patient Access – Financial Assistance, 1705 Jackson Street, Richmond, TX 77469.

This Plain Language Summary, Financial Assistance Policy, Application for Financial Assistance and Collection Policies are available in both English and Spanish at the contacts listed above. OakBend Medical Center's Financial Assistance personnel are available to answer questions and provide information about the Financial Assistance Policy and to assist you with the application process. You can reach a member of the Financial Assistance team at 281-633-4074 or 281-341-2858. Once you have completed the Application for Financial Assistance, please attach all required supporting documents and mail to the Financial Assistance team, see address listed above, or fax to the attention of the Financial Assistance team at 281-341-4838.