

Val Verde Regional Medical Center Financial Assistance Policy Summary

Eligibility

Val Verde Regional Medical Center offers reduced or no charge services for all emergency or other medically necessary care for individuals eligible under our Financial Assistance Policy ("FAP"). Eligibility is based on the Hospital's Financial Assistance Policy which includes using the Federal Poverty Guidelines, number of dependents, and gross annual income along with supportive income documents. Additional means of determining eligibility may be utilized by the hospital if individual circumstance supports that a completed application is not practical

Income Guidelines

You may qualify for the hospital financial assistance program if the family's annual gross income is less than or equal to 200% of the federal poverty level based off the federal poverty guidelines. Eligible individuals will not be charged more than amounts generally billed. The Hospital will use the Look Back Method for determining the allowed amount to be applied to gross charges to determine the generally billed amount to be considered for financial assistance. The detail of this information is available upon request by calling the Financial Counselor at 830-703-1714.

Collection Procedures

Normal collection procedures will be followed for all patients unless the Hospital's Financial Assistance Application Form is completed and submitted to the Hospital. Patients with incomplete applications will receive written notification identifying the additional information and the final date information or payment must be received to prevent submission of account to an outside agency for collection. .

Information on Obtaining the Hospital Financial Assistance Application Form and Policies

Additional information along with a printable Hospital Financial Assistance Form, a summary of the Hospital Financial Assistance Policy, Full Detailed Hospital Financial Assistance Policy and the detailed Hospital Collection Policy is available at our website, <http://www.vvrmc.org>. You will be able to see an example of the federal poverty guidelines by clicking on the link <http://aspe.hhs.gov/poverty/>.

Hospital Methods of Providing the Hospital Financial Assistance Application Form

Applications at no cost will be mailed to you by calling the Financial Counselor at 830-703-1714. The Hospital Financial Assistance Summary Policy and the Hospital Financial Assistance Application Form may be reviewed and printed by following the instructions in the above paragraph with the web site links. Paper copies of the Hospital Financial Assistance Application Form and Hospital Financial Assistance Policy Summary may be obtained from the Financial Counselor's Office located on the behind the operator in the main Hospital entrance. Our Applications are available in English/ Spanish and we do have other language assistance resources upon request.

Questions and Assistance in Completion of Financial Assistance Application Form

For further questions or assistance in completion of the assistance application, please call our Financial Counselor at 830-703-1714. You may also request a summary or complete copy of our Financial Assistance Policy from any Business Office employee or by calling or requesting the policy in writing to Financial Counselor 801 Bedell Ave, Del Rio, TX 78840.