Financial Assistance and Charity Care Policy

In the spirit of our mission to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities, MercyOne Primghar Medical Center is committed to providing healthcare services to all patients based on medical necessity.

For patients who require financial assistance or who experience temporary financial hardship, MercyOne Primghar Medical Center offers several assistance and payment options, including charity and discounted care, short-term and long-term payment plans and online patient portal payment capabilities.

Uninsured Patients

MercyOne Primghar Medical Center extends discounts to all uninsured patients who receive medically necessary services. Uninsured discount amounts are based on Federal Poverty Level (FPL) guidelines. All medically necessary services qualify for uninsured discounts. Regional Health Ministries may qualify patients based on residency requirements.

Services such as cosmetic procedures, hearing aids and eye care that normally are not covered by insurance are priced at packaged rates with no additional discount. All payments are expected at the time of service.

Short-Term and Long-Term Payment Plans

Patients who cannot pay some or all of their financial responsibility may qualify for short-term or long-term payment plans. MercyOne Primghar Medical Center’s short-term payment plan is interest-free and patient balances must be paid in full within ninety days. Longer term interest-bearing payment plans are available through HealthFirst Financial Services for those patients who cannot pay their balances within ninety days.

Financial Assistance / Charity Care Policy

A 100 percent discount for medically necessary services is available to patients who earn 200 percent or less of the Federal Poverty Level guidelines. Elective services such as cosmetic surgery are not included in our charity program. Individuals who earn between 200 and 400 percent of the Federal Poverty Level guidelines are eligible for a partial discount equal to the Medicare discount rate.

Patient copays and deductibles may be eligible for discounted rates if a patient qualifies for financial assistance and earns less than 200 percent of the Federal Poverty Level Guidelines.

Discounts are also available for those patients who are facing catastrophic costs associated with their medical care. Catastrophic costs occur when a patient’s medical expenses for an
episode of care exceed 20 percent of their annual income. In these cases, patient copays and deductibles may also be included in the discount.

Charity care discounts may be denied if patients are eligible for other funding sources such as a Health Insurance Exchange plan or Medicaid eligibility and refuse or are unwilling to apply for these sources.

Applying
To apply for financial assistance, please complete and submit the application found on this webpage. A complete version of the MercyOne Primghar Medical Center Financial Assistance Policy is also available on this webpage or at baumharmon.org. Copies of the application, plain language summary, and complete policy can be obtained free of charge from a financial counselor at the hospital where care was received or requested by mail by writing to the Patient Access department of the hospital where care was received. These documents are also available in the language of any population consisting of ten percent or more of the community population the hospital serves.

Patient Financial Services
Financial counselors are available to work with patients in completing financial assistance applications to determine what assistance is available. This includes assessing eligibility for Medicaid and Health Insurance Exchange plans.

Patients may contact a financial counselor at the hospital where they receive care who can assist in determining qualification for financial assistance.

No patient who qualifies for financial assistance will be charged more than the amounts generally billed by the hospital, which are Medicare rates.

The Health Insurance Marketplace
The Affordable Care Act (ACA) requires everyone legally living in the U.S. to have health insurance beginning January 1, 2014. It also gives millions of individuals with too little or no insurance, access to health plans at different cost levels. The law also provides financial assistance to those who qualify based on family size and income. Please see a financial counselor at the facility where you receive care for more information.