## Alomere Health Community Uncompensated Care Program

## PURPOSE

Alomere Health has elected to provide a reasonable amount of services without charge or at reduced charges for individuals or families who are uninsured or underinsured and cannot afford to pay for needed care.

## POLICY

Alomere Health will review individual or family annual income and screen for eligibility for uncompensated care once per year unless there is a significant change in economic status or family size for applicant(s) (ie: job loss, new baby) at which time applicant(s) can request re-screening and will need to provide updated information for review.

Eligibility is determined by comparing family income and assets to guidelines established by the hospital governing board. Eligible persons must meet both income and asset requirements to qualify. Verification of eligibility will be required.

Eligible persons may receive uncompensated services if:

- Reasonable attempt to apply for Medical Assistance has been made and deemed ineligible;
- Have net assets that are not more than the asset limits established by the Alomere Health Board (single person living alone may own \$12,000 in assets; married couple or family may own \$28,000 in assets);
- Have income that is not more than the income limits established by the Alomere Health Board;
- transfer any medical insurance benefits that apply to the hospital services provided;
- Services deemed medically necessary.

The Alomere Health Board reserves the final right to approve or deny any application for uncompensated care.

## FOR MORE INFORMATION ON HOW TO APPLY

This information can help you decide if you wish to apply for Alomere Health's Community Uncompensated Care Program. This does not cover all program rules. Alomere Health will need all the facts about your situation before determination of eligibility.

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