



Financial Assistance Policy – Plain Language Summary

Saint Francis Healthcare System is guided by our mission to provide a ministry of healing, wellness, quality and love inspired by our faith in Jesus Christ. In keeping with our mission, we have become a progressive, innovative, regional tertiary care referral center that provides free or discounted emergency and other medically necessary care to patients who are either uninsured or underinsured and who qualify for assistance under our Financial Assistance Policy. Financial assistance does not apply to elective services.

Eligibility Requirements and Assistance Offered Under the Financial Assistance Policy

If you feel you are unable to pay, you may apply for traditional financial assistance. Those who qualify for assistance are eligible for discounts for emergency and other medically-necessary care based on numerous factors including income, household size and other available assets. Based on your application, you could receive an additional discount of 25 to 100 percent. In general, you must meet one of the following:

- Your household taxable income is at or below 300% of the national poverty level.
- You qualify for Presumptive Financial Assistance. Presumptive eligibility is a process SFMC uses as a courtesy to patients to determine whether patients qualify for free or discounted care before they submit a financial assistance application.

Saint Francis Medical Center reserves the right to provide Presumptive Financial Assistance and use the following criterion to determine if a patient is eligible without further scrutiny by Saint Francis Medical Center:

- Homelessness.
- Deceased patient with no estate.
- Mentally incapacitated with no one to act on their behalf.
- Resident of shelter facility with no insurance.
- Incarcerated patient found to be uninsured and/or without resources.
- Non-covered vaccines for children charges

Applying for Financial Assistance

Please submit a completed application to Saint Francis Healthcare System ATTN: Patient Accounts, 211 Saint Francis Drive, Cape Girardeau, MO 63703, fax to 573-331-3887 or email to financialcounselors@sfmc.net. Applications can be found at www.sfmc.net.

Other documentation may be requested to verify information on the Financial Assistance Application. If you are approved, the assistance is for 90 days. You must reapply every 90 days if your need continues.

Obtaining copies of the Financial Assistance Policy and Financial Assistance Application

Copies of the Financial Assistance Policy, this plain language summary and the Financial Assistance Application are available free of charge upon written request to the Saint Francis Business Office. Please call **573-331-5217** or **1-866-304-3071** for help. More information and complete details about Saint Francis Medical Center's Financial Assistance Policy is available at www.sfmc.net/financial-assistance/.