

Freeman Health System Financial Assistance Program

The Freeman Health System Financial Assistance Program exists to provide eligible patients with partially or fully discounted emergent or medically necessary care. Patients seeking financial assistance must apply for the program.

Eligibility

Eligible services include emergent and/or medically necessary healthcare services provided by Freeman hospitals or clinics and billed by Freeman. Pathology services and care performed by emergency room physicians are eligible under the Freeman Financial Assistance Program; patients should contact these providers directly.

Eligible patients are those who have received eligible services, **submitted a completed Financial Assistance Application** (including related documentation/information) and been determined to be eligible for financial assistance by Freeman.

How to Apply

Download an application at freemanhealth.com, or request an application:

- At a main registration desk at any Freeman hospital or clinic.
- By calling Freeman Patient Accounts Department at 417.347.6686.
- By writing a letter to or visiting Freeman Patient Accounts, 3220 McClelland Boulevard, Joplin, Missouri.

Mail the completed application with all documentation and information specified in the instructions to:

Freeman Patient Accounts
3220 S. McClelland Boulevard
Joplin, Missouri 64804

Determination of Financial Assistance Eligibility

Generally, people are eligible for financial assistance using a sliding scale when their family income is at or below 250% of the Federal Poverty Guidelines (FPG). Eligibility for financial assistance, means that eligible people will have their care fully or partially discounted. Financial assistance levels, based solely on family income and FPG:

- **Family income at 0% – 101% of FPG: eligible for fully discounted care**
- **Family income at 101% – 250% of FPG: eligible for partially discounted care**

Note: Other criteria beyond Federal Poverty Guidelines may also be considered such as debt-to-income for patient balances that exceed reasonable debt-to-income ratios, which may result in exceptions. If no family income is reported, the patient will be required to show how daily expenses are covered. Freeman staff review completed applications to determine financial assistance eligibility in accordance with the Freeman Financial Assistance Policy. Incomplete applications will not be considered, but applicants will be notified and given an opportunity to submit the required information.

Need help? Have questions?

Please call Freeman Patient Accounts at 417.347.6686, 8:00 am to 4:30 pm Monday – Friday.