

Freeman Health System Financial Assistance Plain Language Summary

The Freeman Health System Financial Assistance (FFA) 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. For more information including the full FFA, application and list of covered/non-covered providers/services please visit our website: www.freemanhealth.com/billing-and-insurance.

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% – 100% of FPG: eligible for fully discounted care**
- **Family income at 101% – 250% of FPG: eligible for partially discounted care**

If you are approved under FFA you will not be charged more than Amounts Generally Billed (AGB) for emergency or other medically necessary 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. Incomplete applications will not be considered, but applicants will be notified and given an opportunity to submit the required information.

Need help? Have Questions?

Freeman offers the financial assistance policy, financial assistance application form and plain language summary of the financial assistance application in English and Spanish. For assistance with verbal translation for policy and assistance in applying for other languages please contact Freeman Patient Accounts at 417.347.6686, 8:00 am to 4:30 pm Monday – Friday.