



If you have questions regarding the application process or if you need help completing the form, please call:

Janelle Gasper

Patient Accounts Clerk
785.738.9502

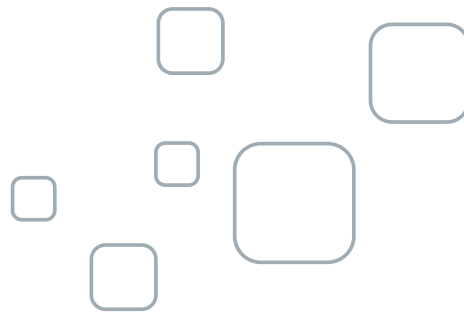
OR

Connie Tyler

Insurance Coordinator
785.738.9202

To view or print a copy of our Financial Assistance Policy, go to www.mchks.com.

Please return the application, along with the requested documentation, to the billing office within 14 days.



CONTACT US

Phone: 785.738.2266

Fax: 785.738.9507

400 W. 8th Street

Beloit, KS 67420

www.mchks.com



PATIENT FINANCIAL ASSISTANCE PROGRAM

Apply today!



Mitchell County Hospital Health Systems

Phone: 785.738.2266

Fax: 785.738.9507

400 W. 8th Street

Beloit, KS 67420

www.mchks.com

Mitchell County Hospital Health Systems provides Emergency and Medically Necessary Care on a non-profit and non-discriminatory basis. Our financial assistance program provides financial assistance for medically necessary healthcare in a fair, consistent, respectful and objective manner to low-income patients whether they are uninsured or under-insured.

You may qualify for financial assistance if:

- You are uninsured or your health insurance doesn't cover all of the medically necessary care you need
- You are not eligible for Medicaid or another type of insurance
- You meet the financial criteria

Individuals who are uninsured or under-insured, and can not pay their bill in full, will be required to meet with the Insurance Coordinator to explore health coverage options. One session can determine whether an individual may be eligible for Medicaid, Medicare, ACA Marketplace or the Financial Assistance program.

For Financial Assistance, please complete the application and return with the requested documentation to be considered for financial assistance. The completed application and supporting documents will be reviewed and processed in accordance with the eligibility criteria set forth in our policy.

Once an eligibility determination has been made, you will receive a written response by mail.

APPLICATION INSTRUCTIONS

Enclosed you will find the application for Financial Assistance for Mitchell County Hospital Health Systems. Please read and follow the instructions below to ensure your application is processed in a timely manner.

Applicant Information: Complete ALL the information in the applicant information section, as well as the Employment & Insurance Information. Your spouse, or partner, will need to follow the same instructions for the sections marked for them on the application.

Household Members: In the Household Members section, make sure that you list everyone living in your household including yourself. It is important we know who is living in your household so we can better determine your income eligibility.

Household Income & Asset

Information: Complete each line of gross monthly income that applies to your household. We require the last three months paystubs for each person working in the household, as well as the last two years tax returns. Make sure the copies of your returns include all of the required pages as listed on the application.

Bank Statements: Part of the application process requires copies of your last two months of bank statements. If there are any large deposits or transfers, please write an explanation of those on the statement or an attached piece of paper. If you have an **IRA, 401K, OR 401B**, please submit a copy of those as well.

Status of Medicaid Eligibility: If you are not on Medicaid, but may qualify, it is required you meet with the Insurance Coordinator at the hospital to fill out a Medicaid application. If you have been recently denied for Medicaid, please provide a copy of the denial letter.

***Note:** *If the application is incomplete, it will not be considered for approval. Insufficient documentation could lead to delays in processing or denial of your application. Please submit all documentation within two weeks. If you don't have access to a copier, bring in your documents and we can make copies. Also note, some tax preparers and banks may be able to fax copies of your documents to the hospital for you.*

Our Mission

To serve our patients and communities with exceptional healthcare in a compassionate and healing environment.

