



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

Dawn Porter

Patient Financial Clerk
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: 785.588.4647

PO Box 399

400 W. 8th Street

Beloit, KS 67420

www.mchks.com



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PATIENT FINANCIAL ASSISTANCE PROGRAM

Apply today!



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APPLICATION INSTRUCTIONS

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

For Financial Assistance, please complete the application and return with the requested documentation within 14 days. 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.

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 for the applicant and spouse / partner.

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. We require the last three months paystubs for each person working in the household, as well as the most recent Federal Income Tax Return with Schedules.

Bank Statements: We require copies of your last two months of bank statements. 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 Patient Financial Clerk about resources for completing the Medicaid application.

***Note:** *If the application is incomplete, it may be delayed or not approved. Please submit all documentation within 14 days. If you don't have access to a copier, 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.

