



Davis Health System

Financial Assistance Policy – Plain Language Summary

Davis Health System (DHS) Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully – discounted emergent or medically necessary care.

Eligible Services – Emergent and / or medically necessary healthcare services provided by DHS, and all owned clinics by DHS. The services only apply to services billed by DHS. Other services such as Radiology readings are an example of services that are not eligible under the FAP.

Eligible Patients – Patients receiving eligible services, **who submit a complete Financial Assistance Policy** (including related documentation/information, and who are determined to be eligible for Financial Assistance by DHS Financial Counselors.

How to Apply – Financial Assistance Applications may be obtained/completed/submitted as follows:

- Obtain an application at the Hospital main registration desk, or at the main registration desk for any Hospital owned clinic.
- Request an application be mailed to you, by calling DHS Customer Service @ 304-637-3125.
- Request an application by mail/or visiting in person: DHS Patient Registration Services, located at 812 Gorman Avenue, Elkins WV 26241; Visiting in person, go to Financial Counselor's office located on the ground floor of the main hospital.
- Download an application from the DHS website: <http://davishealthsystem.com>
- Mail completed applications (with all documentation/information specified in the application instructions) to Davis Health System – 812 Gorman Avenue, Elkins, WV 26241.

Determination of Financial Assistance Eligibility – Generally, Eligible persons are eligible for Financial Assistance, using a sliding scale, when their Family Income is at or below 300% of the Federal Government's Federal Poverty Guidelines(FPG)[<https://federalregister.gov/a/2014-01422>]; Eligibility for Financial Assistance, means that Eligible Persons will have their care fully covered or partially, and they will not be billed more than "Amounts Generally Billed"(AGB) to insured persons(AGB, as defined by IRS Section 501(r)). Financial Assistance levels based solely on Family income and FPG, are:

Family Income at 0 to 120% of FPG - Eligible for 100% discount

Family Income at 121% to 300% of FPG - Partial Financial Assistance – AGB is maximum billable to patient – Presently this discount is 30%.

Note: Other criteria beyond FPG are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly income relative to monthly household expenses), which may result in exceptions to the preceding. If no Family income is reported, information will be required to show how daily expenses are covered. The DHS Financial Assistance Committee reviews submitted applications which are complete, and then determines Financial Assistance Eligibility in accordance with the DHS Financial Assistance Policy. Any applications that are incomplete will not be considered, but applicants will be notified and given an opportunity to submit the required documentation/information.

For help, or questions, please call: **DHS Patient Customer Services at 304-637-3125, M-F – 8:00 AM to 4:00 PM.**