

Parmer Medical Center

To see if you qualify for financial assistance and for free confidential help in applying, contact:

PMC Business Office
1307 Cleveland Ave.
Friona, TX 79035
Attention: Financial Assistance
Phone: 806-250-2754
Monday-Friday 8am-5pm

Version Date: July 1, 2017



Patient Financial Assistance Summary

Parmer Medical Center offers

financial assistance to eligible patients based on income and family size for partially or fully discounted emergent or Medically-necessary hospital care.

Patients seeking financial assistance must apply for the program, which is summarized in this document



Dedicated to excellence...Our family caring for your family in your hospital.

Patient Financial Assistance Summary

Plain language Summary

Key Questions Answered:

- ◆ What services are covered?
- ◆ How do I apply for assistance?
- ◆ Who qualifies for assistance?
- ◆ What are the income limits?
- ◆ What if I do not meet the income limits?
- ◆ Where can I get an application to apply?

Financial Assistance Policy (FAP)

What Services are Covered?

The Financial Assistance Policy (FAP) covers emergency and medically-necessary services provided at Parmer Medical Center. The policy does NOT COVER: cosmetic procedures, services provided by physicians and other providers who treat you at Parmer Medical Center but are not employed by the Hospital, or providers who bill separate from the Hospital for their services.

How to apply

The FAP and Application may be obtained in-person, via mail, via telephone and from the PMC website. Complete the application, include the requested documents and submit to the Hospital Admission/Registration Department or to the address listed on the back of this brochure.

The following forms of **picture** identification are acceptable for proof of identity:

- State issued drivers license or ID card.
- Passport (US or foreign)
- ID card issued by Foreign Consulate
- Student ID Card
- U.S. Immigration Documentation

Income Limits

One of the qualifying factors is income based on the table below.

2020 Poverty Guidelines

Persons in family/ household	Income per Year
1	\$ 12,760
2	\$ 17,240
3	\$ 21,720
4	\$ 26,200
5	\$ 30,680
6	\$ 35,160
7	\$ 39,640
8	\$ 44,120

For families /households with more than 8 people: add \$4180 for each additional person.

Who Qualifies for Financial Assistance?

The amount of financial assistance depends on your income and size of your family. Patients with family income 100% of the Federal Poverty Level or less may be eligible for a discount of 100%. Patients with family income up to 200% of the Federal Poverty Level may also be eligible for a discount.

Additionally:

Eligible patients will not be charged more for emergency or other medically-necessary care than Amounts Generally Billed (AGB) to those patients who have insurance.

A FREE copy of the Financial Assistance Policy and the Financial Assistance Application are available in English and Spanish by:

- ♦ Contacting the Hospital's Admissions/Registration Department.
- ♦ Calling 806-250-2754
- ♦ Requesting an application by mail: PMC –Financial Assistance, 1307 Cleveland Ave. Friona, TX 79035
- ♦ Downloading an application from the PMC website.
www.parmarmedicalcenter.com