

# Financial Assistance Policy Plain Language Summary

The Newton Medical Center Financial Assistance Policy, referred to as Healthcare Assistance, exists to provide eligible patients partially or fully discounted emergent or medically-necessary hospital care. Patients seeking Financial Assistance must apply for the program, which is summarized below.

## Eligible Services

Emergent and/or medically necessary healthcare services provided by Newton Medical Center.

## Eligible Patients

Patients receiving eligible services, who submit a Healthcare Assistance Application (including related documentation/information), and who are determined eligible for Healthcare Assistance by the Newton Medical Center Healthcare Assistance Committee.

See NMC's [Healthcare Assistance Policy \(HCA 501R\)](#) for eligibility criteria.

## How To Apply

Healthcare Assistance Applications may be obtained, completed or submitted as follows:

- Obtain an application at Newton Medical Center's Emergency Department or Admissions locations at 600 Medical Center Drive, Newton KS; or at the Patient Financial Services department located at 800 Medical Center Drive, Newton KS
- Request to have an application mailed to you by calling (316) 804-6255.
- Request an application by mail at Newton Medical Center, PO Box 308, Newton, KS, 67114.
- Download an application through the Newton Medical Center website: [www.newtonmed.com](http://www.newtonmed.com).
- Obtain information about the Healthcare Assistance Program from the Department for Children and Families (DCF) in Newton and Health Ministries Clinic in Newton.
- Contact The Midland Group at (316) 201-9254 for assistance with completing the application.

## Determination of Healthcare Assistance Eligibility

Generally, patients are eligible for financial assistance based on their income level and assets. Patients with family income of 250% Federal Poverty Level or less may be eligible for a discount of 100%. Patients with family income over 250% of Federal Poverty Level may be eligible for a discount of 40% of Average General Billed amount (AGB). See Schedule A of the Financial Assistance Policy at [www.newtonmed.com](http://www.newtonmed.com). Eligible patients will not be charged more for emergency or other medically necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

This summary, the Healthcare Assistance Policy, and Healthcare Assistance application are available in Spanish at the locations listed above.



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