



Financial Assistance Policy – Plain Language Summary

Fitzgibbon Hospital's Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully-discounted emergent or medically-necessary care. Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services:

Medical services provided and billed by John Fitzgibbon Memorial Hospital and its medical providers (collectively "FH"). Financial Assistance is available only for emergency and medically necessary services. It does not apply to elective services/procedures such as chiropractic services, long term care, or cosmetic surgery. The FAP only applies to services billed by FH. Other services which are separately billed by other providers, such as imaging and laboratories, are not eligible under the FAP.

Eligible Patients:

Patients receiving eligible services, who submit a complete financial assistance application (including related documents and information), and who are determined eligible for assistance under the FAP.

How to Apply:

Financial Assistance Application may be obtained, completed and submitted as follows:

- Obtain an application as part of the intake or discharge process
- Request an application be mailed to you by calling the Patient Accounts Department at (660) 831-3730
- Request an application by visiting the Patient Accounts Department at 2305 South 65 Highway, Marshall, Missouri 65340
- Download an application from FH website at www.fitzgibbon.org
- Completed application and related documents/information may be submitted:
 - In-person to: FH Patient Accounts Department at 2305 South Highway 65, Marshall, Missouri 65340
 - By mail to: Fitzgibbon Hospital
Attn: Patient Accounts Department
P.O. Box 250
Marshall, MO 65340

Determination of Financial Assistance Eligibility:

Eligibility for Financial Assistance is determined using a sliding fee schedule, when household income is at or below 200% of the Federal Government's Federal Poverty Guidelines (FPG), and household size. Eligible persons, who qualify for either partially or fully discounted care, will not be billed more than Amount Generally Billed (ABG) to an insured patient.