



FRIO REGIONAL HOSPITAL

Managed by Methodist Healthcare – San Antonio

Financial Assistance Plain Language Summary

In keeping with its mission, Frio Regional Hospital is dedicated to Improving the quality of life in our community by providing exceptional healthcare with compassion and respect. As part of that commitment, Frio Regional Hospital acknowledges the financial needs of patients and families who are unable to afford the charges associated with the cost of medical care and offer financial assistance to those who have an established need to receive medically necessary medical services. Regardless of whether an individual is eligible for Financial Assistance, emergency medical care is provided on a non-discriminatory basis.

For patients who require financial assistance or who experience temporary financial hardship, Frio Regional Hospital offers several assistance and payment options, including charity, discounted care, and payment plans. Accordingly, this written policy limits the amounts that the hospital will charge for emergency or other medically necessary care provided to individuals eligible for financial assistance to amounts generally billed {AGB} (received by) the hospital for Medicare patients via the Medicare Prospective Method.

Applying for Financial Assistance

Patients wishing to apply for financial assistance may submit an application and supporting documentation to the Financial Counselor, Patient Account Representative or the Patient Accounts office. The Financial Assistance application may be found on the Hospital's website. Alternatively, printed copies of the Hospital's Financial Assistance Policy or its Plain Language Summary may be obtained at no extra cost by visiting or calling the Financial Counselor, in the Hospital's main Registration area; or, the Patient Accounts Office.

Calculation of Free or Discounted Care

Program	Available To	Description	How to Apply
Financial Assistance - Indigent Health Care Program	Uninsured Frio Hospital District Residents	Offers free care to families with gross monthly income less than or equal to 100% of Federal Poverty Guidelines.	FORMS NEEDED TO APPLY FOR ASSISTANCE: Application for Health Care Assistance Case Record Information Release Form Employment Verification Form Statement of Self-Employment Income
Financial Assistance - Free Care	Uninsured and Insured Patients	Offers free care to families based upon family size, assets and gross monthly income greater than 100% and less than or equal to 200% of Federal Poverty Guideline	Complete Financial Assistance Program Application
Uninsured Discount	Uninsured Patients Only	Offers reduction of 30% to families based upon their uninsured status	Discount is applied when patients first statement is generated
Financial Assistance - Medical	Uninsured Patients Only	Limits out-of-pocket costs when medical debts specific to medical care at Frio Regional Hospital exceeds 10% of the family's gross income	Complete Financial Assistance Program Application

Payment Plan Program	Uninsured and Insured Patients	Assists patients with their financial obligation by establishing payment arrangements	Contact a Patient Account Representative at (830)334-3617
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Notification

In an effort to make our patients, families and the broader community aware of the Hospital's Financial Assistance program, the Hospital has taken a number of steps to widely publicize this policy including posting legible signage, making available on our website, and development of this Plain Language Summary. If you need additional information or have questions, please contact the Financial Counselor or Patient Accounts office at:

Financial Counselor
Frio Regional Hospital
200 South IH 35
Pearsall, Texas 78061
Telephone: (830) 334-3617

Patient Accounts/Business Office
Frio Regional Hospital
200 South IH 35
Pearsall, Texas 78061
Telephone: (830) 334-3617

Website: <http://www.frioregionalhospital.com/>

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