

What if I return for services or go to another CoxHealth facility after I've been approved?

If you have been approved for financial assistance, please let the receptionist know. Each CoxHealth facility will have the ability to verify your eligibility status and will honor the financial assistance, as long as your financial situation has not changed or your approval has not expired. You will be asked to sign an "Attestation of Financial Status" verifying that the information you provided during the application process is still accurate.

Covered Entities:

- Cox Medical Center North
- Cox Medical Center South
- Cox Walnut Lawn
- Cox Home Support
- Cox Monett Hospital
- Cox Regional Services
- Ferrell-Duncan Clinic
- Ozarks Dialysis Services

Financial Assistance

The financial counselors are available to assist you with your questions and to provide assistance through the application process.

Hours of availability:

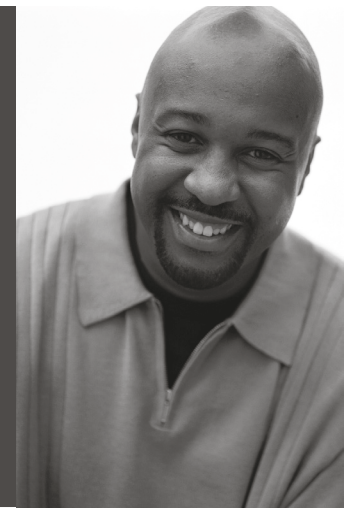
Monday – Friday, 8 a.m. – 4:30 p.m.

Phone: 417/269-3117

Toll Free: 1-800-711-9455



**Patient
Financial
Assistance**

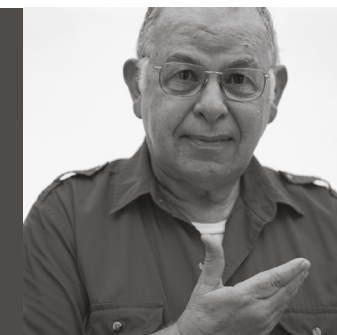


Thank you for
choosing a CoxHealth
facility for your
medical needs.



coxhealth.com

Patient Financial Assistance



This brochure will answer common questions related to our financial assistance program, which is available through all health care facilities of Lester E. Cox Medical Centers and Cox Monett Hospital. If you have questions or would like to apply for financial assistance, we encourage you to call 417/269-3117.

Who is eligible?

Individuals residing within the Cox service area who are uninsured or medically indigent and unable to pay for medically necessary medical services may qualify for a reduction in their bill, depending on their financial status.

What do I need to do?

1. Obtain a financial assistance packet from the receptionist, call the number on your billing statement or contact customer service at 417/269-3117.
2. You may contact customer service for any questions you may have as you complete the application.
3. Follow the instructions provided in the packet and return within 30 days. Failure to return the packet within 30 days may result in ineligibility for financial assistance.

4. A financial counselor will screen your application. If it is determined that you may be eligible for state or federal health care programs, which may assist in paying for medical services, you will be asked to apply before a determination is made.

How long will it take?

You should receive a response within 60 days from the time your application is complete. In order to assure your application is processed as timely as possible, it is very important that we receive all required documents. For additional information, see the application.

What do I do about my bill while I'm waiting?

In general the financial assistance program does not provide for discounts of 100%, so you can expect to be responsible for payment regardless of the level of eligibility. Therefore, you may be asked to establish a payment arrangement with the hospital and physicians offices during the application process.

What will I owe if I'm eligible?

If you are eligible for a reduction of your bill, the amount you will owe will be determined by a sliding scale based on the Federal Poverty Guidelines and

the number of episodes of care you have (or will) receive. Your financial counselor will provide the details to you with your approval notification.

Will it include all services?

If approved for financial assistance, it will cover all medically necessary services within the approval period as long as you have no change in your financial status. Dates of service prior to the application date may also be considered for assistance if the services meet all eligibility criteria.

After your approval period expires, you may reapply.

