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| Policy Level: Department Policy Division: Administration – Finance Department: Accounting | Review Interval: 2 Year |
| Approved By: Chief Financial Officer | Effective Date: <i>08-04-2022</i> |
| Policy Owner: Chief Financial Officer (CFO) | Last Reviewed: <i>04-29-2024</i> |

POLICY: FINANCIAL ASSISTANCE POLICY FOR MANIILAQ HEALTH SERVICES

Maniilaq Health Services provides emergency and/or other medically necessary care, without discrimination, to all patients regardless of the ability to pay.

Who is eligible for financial assistance?

Maniilaq Health Services provides financial assistance for emergency and/or other medically necessary care to all uninsured and under-insured patients whose family income falls under the below criteria:

- Uninsured or under-insured Patient whose family income is less than or equal to 200% of the Federal Poverty Guidelines adjusted for the State of Alaska.

How much financial assistance will an eligible patient receive?

Eligible patients will receive a discount of 25%, 50%, 75%, or 100%; with the particular level of discount for which a patient is eligible determined based on the patient’s family income as a percentage of the Federal Poverty Guidelines (“FPG”) adjusted for the State of Alaska.

| Family Income | Financial Assistance Adjustment |
|---|---|
| Less than or equal to 100% FPG adjusted for the State of Alaska | 100%* A \$5.00 Nominal fee will be assessed for all covered services. |
| Between 100%-150% FPG adjusted for the State of Alaska | Patient owes 25% of billed services |
| Between 150%-175% FPG adjusted for the State of Alaska | Patient owes 50% of billed services |
| Between 176%-200% FPG adjusted for the State of Alaska | Patient owes 75% of billed services |
| Over 200% FPG adjusted for the State of Alaska | No discount of billed charges |

In addition, Maniilaq Health Services will not charge patients who are eligible for financial assistance more than the “amounts generally billed” to patients who have insurance for emergency or other medically necessary care.



What is the application process?

Maniilaq Health Services does not have presumptive eligibility. Patients may apply for financial assistance at any time by contacting (800) 478-3312 or (907) 442-3321 for Maniilaq Health Center.

Where is the information available?

Website: <http://www.maniilaq.org/resources>

For assistance with financial assistance application process, please call Maniilaq Health Center Business Office at (907) 442-7139.

Copies of the Financial Assistance Policy and Financial Assistance Application may be obtained at:

Maniilaq Health Center
Registration Department
436 5th Avenue
Kotzebue, AK 99752
(907) 442-7139

Maniilaq Health Center
Emergency Room, Registration Department
436 5th Avenue
Kotzebue, AK 99752
(907) 442-5296

To obtain a free copy of the Financial Assistance Policy and Financial Assistance Policy application by mail, please call Maniilaq Health Center Registration Department at (800) 478-3312 or send a written request to P.O. Box 43, Kotzebue, AK 99752.