

**BOX BUTTE GENERAL HOSPITAL
FINANCIAL ASSISTANCE POLICY SUMMARY**

It is the policy of Box Butte General Hospital, (the "Hospital") to provide financial assistance to qualifying patients with their outstanding bills for medically necessary and emergency care provided at the Hospital.

PATIENTS THAT QUALIFY FOR FINANCIAL ASSISTANCE

To receive financial assistance under the Financial Assistance Policy (the "Policy"), you must be *financially indigent*.

Financially Indigent

To be "financially indigent," you must be uninsured or underinsured and have a household income equal to or less than 200% of Federal Poverty Level ("FPL"). However, even if your household income equals or is below the required FPL, you may not qualify if your total outstanding medical bills from the Hospital are less than 30 percent of their Net including any homes, land, or property, etc. net of any liabilities other than your Hospital bills. If you qualify as "financially indigent," financial assistance will be provided based on a sliding fee scale comparing household income to a percent of FPL as set forth in the Policy.

Patients who qualify will not be charged more than the amounts generally billed by the Hospital, as described in the Policy, for emergency or medically necessary care.

HOW TO APPLY

The Hospital encourages patients who may qualify to apply for financial assistance. Patients can apply for financial assistance by completing and submitting a financial assistance application to Patient Financial Services at Box Butte General Hospital Attn: Financial Assistance PO Box 810 Alliance, NE 69301 or in person at 2101 Box Butte Ave, Alliance, NE 69301.

A copy of the Policy and a financial assistance application may be obtained at no charge by going to the Hospital's website, <https://www.bbgh.org/patients-visitors/financial-information/charity-application.html>, or by visiting the Hospital's Admissions Desk, the Emergency Room Desk or Patient Financial Services at 2101 Box Butte Ave, Alliance, NE 69301. The Policy and a financial assistance application may also be sent to you by mail free of charge by contacting Patient Financial Services by calling either (308) 761-1008 or (308) 761-1020 or emailing financialassistance@bbgh.org.

FURTHER INFORMATION & ASSISTANCE WITH APPLYING

If you have questions about financial assistance or need assistance with applying for financial assistance, you may contact Patient Financial Services at (308) 761-1008 or (308) 761-1020 or emailing financialassistance@bbgh.org or visit Patient Financial Services at 2101 Box Butte Ave, Alliance, NE 69301 or Patient Financial Services at Greater Nebraska Medical Surgical Services at [insert address].

Translated copies of this summary, the Policy and a financial assistance application are available upon request from Patient Financial Services in the following languages: English, Spanish.