



Financial Assistance

For information call 1.833.661.1846

Are You in Need of Financial Assistance for Hospital Expenses?

Many patients are concerned about their ability to pay their hospital bills. If you are uninsured, under-insured or simply burdened by personal expenses, we may be able to help.

Financial Liaisons at Your Service

The Regional West Medical Center FAST financial liaisons help patients and their families find resources that may be available to help pay hospital bills.

FAST Services

- Identify programs for which you may qualify
- Streamline the application process
- Get answers to your financial questions
- Provide forms and applications
- Refer you to outside assistance programs

FAST Assistance Programs

- Medicaid/MCO
 - Nebraska Total Care
 - Well Care
 - United Health Care Community Plan
- Kids Connection
- Every Woman Matters
- Social Security - disability and age-related
- Veterans assistance
- Indian Health Services
- County assistance
- Vocational rehabilitation

Hospital Assistance

If you do not qualify for outside assistance programs, Regional West Medical Center offers several options to assist you with hospital expenses. Ask our financial liaisons for more information about hospital assistance with

- Payroll deductions - RWHS employees
- Bank loans
- Credit card billing
- Financial assistance
- Payment arrangements

Private and Confidential

Regional West Medical Center and the Financial Assistance Specialists respect and honor your privacy, confidentiality, and security.

Contact us

Email FAST@rwhs.org

Phone 1.833.661.1846

Physical Address 4021 Avenue B, Scottsbluff, NE 69361-4602

Mailing Address P.O. Box 1437, Scottsbluff, NE 69363-1437

Hours Monday - Friday 8 a.m. to 4:30 p.m.



[Revised: 10/26/17]

REGIONAL WEST MEDICAL CENTER-FINANCIAL ASSISTANCE POLICY PLAIN LANGUAGE SUMMARY

Regional West Medical Center Financial Assistance Policy/Program (FAP) exists to provide eligible patients, partially or fully discounted emergency or other medically necessary healthcare services provided by Regional West Medical Center hereinafter referred to as "RWMC." Patients seeking Financial Assistance must apply for the program, which is summarized herein.

Eligible Services-Emergency or other medically necessary healthcare services provided by RWMC and billed by RWMC. The FAP only applies to services billed by RWMC. Other services, which are separately billed by other providers, such as affiliated or non-affiliated physicians or independent laboratories, are not eligible under the FAP. For more information on providers who are and are not subject to the FAP see the FAP or, for a list of providers who are or are not subject to the FAP, contact the RWMC Financial Services Department at 308-630-1462, email FAST@rwhs.org, or visit <https://www.rwhs.org/about-your-bill>.

Eligible Patients-Patients receiving eligible services, who submit a complete a Financial Assistance Application (including related documentation/information), and who satisfy the current income guidelines set forth in the FAP are eligible for Financial Assistance by RWMC. Eligible Persons are eligible for Financial Assistance, when their Family Income is at or below 300% of the Federal Government's Federal Poverty Levels (FPL). **Eligibility for Financial Assistance means that Eligible Persons will have their care covered fully or partially, and they will not be billed more than "Amounts Generally Billed" (AGB) to insured persons.**

Financial Assistance levels, based solely on Family Income and FPL, are:

- Family Income at 0 to 300% of FPL - Full Financial Assistance; \$0 is billable to the patient
- Family Income greater than 300% of FPL - Partial Financial Assistance; AGB is maximum billable to the patient

Note: Other criteria beyond FPL are also considered (i.e., availability of cash or other assets that may be converted to cash, and excess monthly net income relative to monthly household expenditures) which may result in exceptions to the preceding. If no Family Income is reported, information will be required as to how daily needs are met.

How to Apply-The FAP and the related Application Form may be obtained/completed/submitted as follows:

- At RWMC's main Registration desk or Emergency Room desk.
- Request documents be mailed to you, by calling RWMC's Financial Services Department at 308-630-1462, or our Cashier at 308-630-1924.
- Request documents by mail or visiting in person at: RWMC Financial Services Department, Regional West Medical Center, 4021 Avenue B, Scottsbluff, Nebraska 69361-4602; In-person: 4021 Avenue B, Scottsbluff, Nebraska in the hospital's main lobby.
- Download the documents from RWHS's website: <https://www.rwhs.org/about-your-bill>.
- Email us directly at FAST@rwhs.org.
- Mail completed applications (with all documentation/information specified in the application instructions) to: RWMC Patient Financial Services Department, or deliver in person to Patient Business Services Department, Regional West Medical Center, 4021 Avenue B, Scottsbluff, Nebraska 69361-4602 in the main hospital lobby.

RWMC reviews submitted applications which are complete and determines Financial Assistance Eligibility in accordance with RWMC's Financial Assistance Policy. Incomplete applications are not considered, but applicants are notified and given an opportunity to furnish the missing documentation/information.

Translated copies of the FAP, this Plain Language Summary, and the FAP Application are available in Spanish upon request in person at the address below or by download on RWMC's website at <https://www.rwhs.org/about-your-bill>.

For help, assistance or questions related to filling out the FAP Application please visit or call: RWMC Patient Financial Services Department, Regional West Medical Center, 4021 Avenue B, Scottsbluff, Nebraska 69361-4602, (308) 630-1462; In person: Regional West Medical Center, 4021 Avenue B, Scottsbluff, in the hospital's main lobby, Monday through Friday from 8:00 a.m. to 4:30 p.m.