



OVERVIEW

The purpose of this document is to summarize Vail Health's financial assistance policy (FAP) as a means of providing an overview understanding for the patient and is not intended to represent a complete explanation of the FAP. The entire FAP, as well as a copy of the financial assistance application form, are available on Vail Health's website at VailHealth.org/FinancialAssistance.

Financial assistance is available to patients who do not have sufficient financial resources to pay for services. Eligibility is based on residency requirements and household income. Vail Health provides financial assistance on a sliding scale to individuals with an annual household income up to 550% of the annually published Federal Poverty Guidelines.

The Vail Health financial assistance program is only applicable for Vail Health medical bills. Services conducted by a different medical provider other than Vail Health (even if performed in a Vail Health facility) fall outside of the policy scope and are not eligible for Vail Health financial assistance. Examples include Vail Valley Surgery Center, The Steadman Clinic, Vail-Summit Orthopedics & Neurosurgery, Anesthesia Partners Colorado (APC, Cardinal Pathology, Critical Care & Pulmonary Consults, Obstetrics/Pediatrics (Neonatal Nurse)-only services performed at Vail Health Hospital, excluding CMM providers. Services provided at the Vail Valley Surgery Center, Dillon Surgery Center and Steadman Philippon Surgery Center.

Our financial counselors are available to assist patients going through the financial assistance application process and can be reached Monday through Friday, from 8:00 AM - 5:00 PM at (970) 477-3116. The financial counselors can also be reached in the following ways:

- **MAIL:** PO Box 40,000, Vail, CO 81658 | Attn: Financial Assistance Department
- **EMAIL:** FinancialAssistance@VailHealth.org
- **IN PERSON:** Call to set up an appointment: (970) 477-3116

Vail Health Hospital - Admissions Department 180 S Frontage Rd. W, Vail, CO 81657
Edwards Pavilion 320 Beard Creek Rd., Edwards, CO 81632

DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY

Guidelines for determining eligibility for financial assistance shall be applied consistently. Vail Health shall not discriminate against patients applying for financial assistance based on race, color, national origin, sex, age or disability. In determining a patient's eligibility for Colorado's Hospital Discounted Care or financial assistance, the Vail Health financial counselors will assist the patient in determining if he/she is eligible for government-sponsored programs (including referral to outside resources), and to direct patients about where to find information about insurance coverages offered through the Colorado health insurance exchange.

RESIDENCY REQUIREMENTS

Financial assistance is available for emergent or medically necessary care to all individuals who reside in Colorado and have established care with Vail Health.

Financial assistance qualification is considered based on one of the following types of eligibility:

- **Uninsured Eligibility:** Eligibility for all uninsured patients will be based on meeting residency and income requirements.
- **Presumptive Eligibility:** Eligibility in state or federally funded programs. Examples include housing assistance, food stamps and the Women, Infants & Children program (WIC).

APPLICATION PROCESS

After submitting a completed application with requested supporting documentation, the patient will receive an eligibility letter from the Vail Health financial assistance department within 60 days. Patients eligible for Colorado's Hospital Discounted Care will receive letters within 14 days of the receipt of the completed application. The submitted documentation may be independently verified by Vail Health to ensure its completeness and accuracy.

If a financial assistance application is received within 240 days of Vail Health's initial billing for a service and is deemed incomplete, a written notice to the patient/guarantor will be sent within 15 days of receipt of the incomplete application requesting that the missing information be returned within 30 days of the date of the notice.

APPEAL PROCESS

Denials of financial assistance may be appealed. Appeals must include an appeal letter from the patient or party with financial responsibility requesting re-evaluation. The appeal must also include any supporting documents which were not part of the initial consideration that may prove inability to pay. Appeals will be referred to and reviewed by the financial counselors within 30 days of being received.

FINANCIAL ASSISTANCE APPROVAL PERIOD

Once a patient has been approved for financial assistance or Hospital Discounted Care, the patient will be deemed to have approval for financial assistance towards services rendered by Vail Health for 12 months subsequent to approval.

If a patient is granted financial assistance on a portion of the bill and the patient subsequently does not pay his/her remaining portion of the bill, Vail Health will not reverse the amount of financial assistance granted.

CHARGE LIMITATION

Patients eligible for financial assistance at less than 250% of Federal Poverty Level (FPL) will not be charged more than the amount collected from Vail Health's lowest commercial contracted payer. Discounts will be applied against total charge amounts as listed below.

FPL	Discount
<= 250%	100%
251% - 350%	80%
351% - 450%	60%
451% - 550%	50%