



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](https://www.vailhealth.org/FinancialAssistance).

Financial assistance is available to uninsured patients who do not have sufficient financial resources to pay for services. Eligibility is based on residency requirements, household income and assets. Vail Health provides financial assistance on a sliding scale to individuals with an annual household income up to 500% of the 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, Colorado Mountain Medical, an anesthesiologist physician, etc.

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 a.m. to 5:00 p.m. 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 South Frontage Road West, Vail, CO 81657
Edwards Pavilion 320 Beard Creek Road, Edwards, CO 81632

DETERMINING FINANCIAL ASSISTANCE ELIGIBILITY

Guidelines for determining eligibility for financial assistance will be applied consistently with all patients. In determining a patient's eligibility for financial assistance, Vail Health's financial counselors and patient financial services department will also assist the patient in determining eligibility for external resources such as government-sponsored programs.

RESIDENCY REQUIREMENTS

Financial assistance is available for emergent or medically necessary care to all individuals who reside in Eagle, Summit or Lake County for three months or more, 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/assets requirements.
- **Presumptive Eligibility:** Eligibility in state or federally funded programs. Examples include housing assistance; food stamps and 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 sixty days. 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.

Approval of financial assistance will be denied if Medicaid or other health and welfare eligibility application is refused by patient if Vail Health reasonably believes that the patient could qualify. If the patient does not qualify for Colorado Medicaid, then the patient will be required to submit a financial assistance application.

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 that may prove inability to pay, which were not part of the initial consideration. Appeals will be referred to and reviewed by the financial counselors within thirty (30) days of being received.

FINANCIAL ASSISTANCE APPROVAL PERIOD

Once a patient has been approved for financial assistance, the patient will be deemed to have approval for financial assistance towards services rendered by Vail Health for twelve 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 with an FPL less than 250% of 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
</= 200%	100%
201% - 300%	80%
301% - 400%	60%
401% - 500%	50%

Any patient who is eligible for the Vail Health Financial Assistance Program will not be charged more than the AGB for emergency or other medically necessary care.