

FINANCIAL ASSISTANCE POLICY SUMMARY

West Ascension Parish Hospital Service District ("the Hospital") is committed to ensuring access to medically necessary and emergency healthcare services for all patients, regardless of their financial status. As part of this commitment, the Hospital offers financial assistance to eligible patients for outstanding balances related to medically necessary or emergency services rendered by the Hospital. Please note that services provided by contracted or independent physicians are not covered under this Financial Assistance Policy.

ELIGIBILITY FOR FINANCIAL ASSISTANCE:

To be considered for financial assistance under the Hospital's Financial Assistance Policy ("the Policy"), patients must meet one of the following criteria:

FINANCIALLY INDIGENT:

Patients who are uninsured or underinsured and whose gross household income is less than or equal to 200% of the Federal Poverty Level (FPL) may qualify as financially indigent. Qualifying patients are eligible for a 100% discount on their Hospital bill, less any deposits previously made.

MEDICALLY INDIGENT:

Patients may qualify as medically indigent if they have outstanding medical bills from any healthcare provider incurred within the past six months that exceed 20% of their annual household income. These patients are responsible for paying an amount equal to 20% of their annual household income; the remaining balance may be written off as financial assistance.

GROSS HOUSEHOLD INCOME BETWEEN 201% AND 400% OF FPL:

Uninsured or underinsured patients whose gross household income falls between 201% and 400% of the FPL may qualify for financial assistance based on a sliding scale. Discount levels are determined by income and family size.

HOW TO APPLY:

Patients may apply for financial assistance by completing and submitting a Financial Assistance Application. Applications can be submitted in person at the Hospital's Business Office:

West Ascension Parish Hospital
Attn: Business Office
301 Memorial Drive
Donaldsonville, LA 70346

Copies of the Financial Assistance Policy and the application form are available at no cost. They can be obtained by:

Visiting the Hospital's website at: <https://www.westaph.org>

Requesting a copy at the Admissions Desk within the Hospital

Translated versions of this summary, the full Policy, and the application form are available upon request to ensure accessibility for all patients.

