



**Financial Assistance Policy (FAP) Plain Language Summary - for Pershing Health System, Community Medical Associates, and Meadville Medical Clinic**

**Financial Assistance** is available to patients living in Linn, Chariton, Carroll, Adair, Grundy, Livingston, Macon, and Sullivan counties. Patients who meet certain income guidelines may qualify for a partial or full discount on all emergency and medically necessary services. A FAP-eligible individual may not be charged more than the amounts generally billed for emergency or other medically necessary care.

**Applying for Financial Assistance** – you may apply for financial assistance at any time – before, during, or after your care, up to 240 days after your first post-discharge billing statement. A completed application has to be submitted within 240 days following the date of the first post-discharge billing statement. The patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital/clinic determine whether the patient is eligible for financial assistance.

**ER Co-pays** – is the amount specified on your insurance card, or if nothing is stated, a set amount will be conveyed at the point of service

**Clinic Co-pays** – is the amount specified on your insurance card.

**Additional Languages** – our financial assistance policy, application, or plain language summary can be conveyed at the point of service.

**FINANCIAL ASSISTANCE EVALUATION** – PHONE 660.258.1197 OR 660.258.1198  
Email: [collections@phsmo.org](mailto:collections@phsmo.org) or [collections2@phsmo.org](mailto:collections2@phsmo.org)

**IMPORTANT: YOU MAY BE ELIGIBLE TO RECEIVE FREE OR DISCOUNTED CARE.**

Completing this application will help Pershing Health System determine if you can receive free or discounted services or are eligible for other public programs to help pay for your healthcare.

**Please complete this form and submit it to the hospital or clinics in person or by mail:**

- **Pershing Health System** – 130 East Lockling, Brookfield MO 64628
- **Community Medical Associates** – 130 East Lockling, PO Box 408, Brookfield MO 64628
- **Meadville Medical Clinic** – 101 East Hayward, PO Box 131, Meadville MO 64659
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Apply electronically at <https://phsmo.org/financial-assistance>, or by fax to 660.476.4649 Attn: Collections Dept.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_