ORTONVILLE AREA HEALTH SERVICES
Financial Assistance Program
Plain-Language Summary

This is a short, plain-language summary of the OAHS Financial Assistance Program. The full policy is available for free at **www.oahs.us** or by calling **320-839-4096**.

What is the Financial Assistance Program?

Ortonville Area Health Services (OAHS) provides emergency and medically necessary care to patients regardless of ability to pay. Our Financial Assistance Program (FAP) offers free or discounted care to patients who qualify based on income and household situation.

Who Can Apply?

You can apply for financial assistance if you receive emergency or medically necessary care at OAHS, and you have difficulty paying your bill. This includes patients who are uninsured, patients with high-deductible plans, and patients whose income and assets are limited.

How Much Financial Assistance Might I Receive?

The amount of financial assistance is based on your household income compared to the Federal Poverty Level (FPL). FPL amounts are updated by the government each January. Your assets may also affect your discount.

Household Income (as % of FPL)	Your Discount
At or below 200% of FPL	**100% Discount**
201% to 250% of FPL	**75% discount**
251% to 300% of FPL	**50% discount**
301% to 350% of FPL	**25% discount**
Above 350% of FPL, uninsured, with household income under $125,000	**Charges capped at AGB**

What is AGB? AGB stands for “Amounts Generally Billed.” If you qualify for financial assistance, you will never be charged more for emergency or medically necessary care than the amount OAHS would receive from an insurance company for the same service. This is a legal limit set by Minnesota Statute § 144.589.

How Do I Apply?

Complete the OAHS Financial Assistance Application. You can get one at Registration, in the Emergency Department, on our website (www.oahs.us), or by calling Patient Financial Services at 320-839-4096.

To verify your income, you may provide one of the following:

- Your most recent federal tax return
- Two most recent pay stubs
- Social Security benefit letter
- Unemployment benefit letter

- Proof of enrollment in a qualifying public program (Medical Assistance, MinnesotaCare, SNAP, WIC, TANF, MFIP, or SSI)

For asset review, OAHS will need recent checking, savings, and non-retirement investment account statements. You do not need to send documents you have already provided.

When Can I Apply?

You can apply anytime within 240 days (about 8 months) from the date of your first billing statement. If you miss this deadline, we may still review your application in special cases (for example, if you were seriously ill, had a death in the family, or had a language barrier).

Am I Automatically Eligible?

You may automatically qualify for a full discount without filling out an application if you show us proof of any of the following:

- You are enrolled in Medical Assistance (MA), MinnesotaCare, or another Medicaid program
- You are experiencing homelessness
- You are the estate of a deceased patient with no responsible guarantor
- You were approved for OAHS financial assistance within the past 12 months, and your situation has not changed

What Happens After I Apply?

OAHS will send you a written decision within 30 days after we receive your complete application. While your application is being reviewed, we will not send your account to collections. If you are approved, the discount will apply to all eligible OAHS accounts for the past 240 days — not just the account that led you to apply.

If you disagree with the decision, you can appeal in writing to the CFO within 30 days.

Your Rights

OAHS will not:

- Deny medically necessary care because of unpaid medical bills
- Report your medical debt to any credit reporting agency
- Add interest or late fees to your medical debt
- Automatically transfer your medical debt to your spouse
- Sell your medical debt to a third-party debt buyer

Free Copies and Translations

You can get free copies of this Plain-Language Summary, the full Financial Assistance Program Policy, and the Financial Assistance Application by:

- Downloading them from www.oahs.us
- Calling Patient Financial Services at 320-839-4096
- Emailing pfs@oahs.us
- Asking any staff member at Registration or the Patient Financial Services office

Documents are available in English and are provided in other languages if you speak a primary language spoken by at least 5% (or 1,000 individuals) of the OAHS service area.

Contact Patient Financial Services

Ortonville Area Health Services

450 Eastvold Avenue, Ortonville, MN 56278

Phone: 320-839-4096 **Email:** pfs@oahs.us **Web:** www.oahs.us

This document is a plain-language summary of the OAHS Financial Assistance Program Policy required under IRS § 501(r)-4(b)(5). If there is any difference between this summary and the FAP Policy, the FAP Policy controls.