



Summary of Financial Assistance

Freeman Regional Health Services (FRHS) has a financial assistance policy. If you meet certain requirements and are unable to pay your bill then you may qualify for a discount. FRHS is committed to providing charity care to persons who have healthcare needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for medically necessary care based on their individual financial situation.

How to Request Assistance

1. To obtain copies of FRHS's financial assistance policy, a summary of the policy or the application for financial assistance, go to www.freemanregional.com and select the Financial Assistance link. English and Spanish versions are available. To receive this information via mail, contact the business office at the number on your statement. Copies can also be obtained at any FRHS facility. To obtain a listing of physical addresses for our facilities, you can visit [www. freemanregional.com](http://www.freemanregional.com)
2. Complete the Financial Assistance Application and the Consent to County Release Form.
3. Return the application with the most recent copies of your W-2, Tax Returns, Pay Stubs and Bank Statements to your clinic or hospital for review.

What to Expect

Your application will be reviewed and a decision will be communicated to you via mail. All information is confidential. Your eligibility is determined by:

- Family Size;
- Income Guidelines;
- Assets; and
- Expenses

Any financial assistance eligible individual may not be charged more than amounts generally billed for emergency or medically necessary care.

If you need further information about financial assistance or assistance with the application process, please contact the business office at the number on your statement.