

Financial Assistance Offered

Cass Health takes pride in providing the best care for every patient. Cass Health offers financial assistance to patients unable to pay for emergency and medically necessary care.

Am I Eligible?

Patients who have the means are expected to pay for services received at Cass Health. Financial assistance is available based on income and family size. Financial assistance is offered to patients who are uninsured and underinsured. Partial or full financial assistance will be granted based on a patient’s ability to pay the billed charges. Patients must fully comply with the application process, including submitting tax returns and pay stubs.

How Do I Apply?

If you are unable to pay, you have two options for starting the process to apply for financial assistance.

- Stop by or schedule an appointment to talk to our Patient Financial Advisors. Our team can be reached at 712-250-8041 or financialcounseling@cashealth.org.
- Or you can visit our website at assistance.cashealth.org where you can review, download, and print information to learn about available financial assistance programs. Cass Health’s Financial Assistance Policy and Application are available free of charge on the website and through our Patient Financial Advisor. You may also request to have one mailed to you.

Exclusions

The policy only applies to medically necessary services rendered at Cass Health. It does not apply to services rendered by independent physicians or practitioners that are not employed by Cass Health. This includes but is not limited to visiting specialists, anesthesiologists, radiologists, and pathologists.

Other

No individual who is eligible for financial assistance will be charged more than amounts generally billed for emergency or other medically necessary care.

Federal Poverty Guidelines (FPG) Chart

Table		Discount											
		>= 200% of poverty	210%	220%	230%	240%	250%	260%	270%	280%	290%	300%	
Size of Family Unit	2024 FPL	100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%	
1	\$ 15,060.00	\$ 30,120.00	\$ 31,626.00	\$ 33,132.00	\$ 34,638.00	\$ 36,144.00	\$ 37,650.00	\$ 39,156.00	\$ 40,662.00	\$ 42,168.00	\$ 43,674.00	\$ 45,180.00	
2	\$ 20,440.00	\$ 40,880.00	\$ 42,924.00	\$ 44,968.00	\$ 47,012.00	\$ 49,056.00	\$ 51,100.00	\$ 53,144.00	\$ 55,188.00	\$ 57,232.00	\$ 59,276.00	\$ 61,320.00	
3	\$ 25,820.00	\$ 51,640.00	\$ 54,222.00	\$ 56,804.00	\$ 59,386.00	\$ 61,968.00	\$ 64,550.00	\$ 67,132.00	\$ 69,714.00	\$ 72,296.00	\$ 74,878.00	\$ 77,460.00	
4	\$ 31,200.00	\$ 62,400.00	\$ 65,520.00	\$ 68,640.00	\$ 71,760.00	\$ 74,880.00	\$ 78,000.00	\$ 81,120.00	\$ 84,240.00	\$ 87,360.00	\$ 90,480.00	\$ 93,600.00	
5	\$ 36,580.00	\$ 73,160.00	\$ 76,818.00	\$ 80,476.00	\$ 84,134.00	\$ 87,792.00	\$ 91,450.00	\$ 95,108.00	\$ 98,766.00	\$ 102,424.00	\$ 106,082.00	\$ 109,740.00	
6	\$ 41,960.00	\$ 83,920.00	\$ 88,116.00	\$ 92,312.00	\$ 96,508.00	\$ 100,704.00	\$ 104,900.00	\$ 109,096.00	\$ 113,292.00	\$ 117,488.00	\$ 121,684.00	\$ 125,880.00	
7	\$ 47,340.00	\$ 94,680.00	\$ 99,414.00	\$ 104,148.00	\$ 108,882.00	\$ 113,616.00	\$ 118,350.00	\$ 123,084.00	\$ 127,818.00	\$ 132,552.00	\$ 137,286.00	\$ 142,020.00	
8	\$ 52,720.00	\$ 105,440.00	\$ 110,712.00	\$ 115,984.00	\$ 121,256.00	\$ 126,528.00	\$ 131,800.00	\$ 137,072.00	\$ 142,344.00	\$ 147,616.00	\$ 152,888.00	\$ 158,160.00	
For Each additional family member, add	\$ 5,380.00	\$ 10,760.00	\$ 11,298.00	\$ 11,836.00	\$ 12,374.00	\$ 12,912.00	\$ 13,450.00	\$ 13,988.00	\$ 14,526.00	\$ 15,064.00	\$ 15,602.00	\$ 16,140.00	

Please complete the following application within 30 days and return it along with the required documents to Cass Health, attention Patient Financial Advisor, 1501 East 10th St., Atlantic, Iowa 50022. All applications will be reviewed for eligibility criteria and a written notice will be sent to the applicant to be notified of final decision. All information provided on the application or within the attachments will be held in the strictest confidence.

Eligibility for financial assistance will be considered for those individuals and families with annual incomes at or below 300 percent of the most current Federal Poverty Guidelines and who are unable to pay for their care, based upon a determination of financial need in accordance with this policy. The granting of financial assistance shall be based on an individualized determination of financial need (income) and family size, and shall not take into account assets, insurance status, participation in the Health Insurance Marketplace, race, color, sex, national origin, disability, religion, age, sexual orientation, gender identity, or inability to pay.

Income is based on family income. Eligibility for and the amount of benefit, if any, are determined based on a sliding income scale. This scale is a function of the Federal Poverty Guidelines and, as such, will change as those guidelines are adjusted.

Household income refers to all cash receipts, before taxes, from all sources. It includes wages and salaries before any deductions. It includes receipts from self-employment, business, or farm. Income also includes payments from public assistance, social security, unemployment, worker's compensation, veteran's benefits, alimony, child support, military allotments, government and private pensions, insurance and annuity payments. Income sources are also interest, rents, income from dividends, royalties, estates and trusts, scholarships, grants, gambling and lottery winnings. The above list of sources of income is NOT an exhaustive list and is provided as examples of income. If an adult member of a household is unemployed, a copy of the person's filing with Iowa's Workforce Development Unemployment Office is required. Excludes noncash benefits such as food stamps and housing subsidies.

Services must be considered medically necessary. Generally, elective services are not allowed under the Financial Assistance Program. Once approved the application remains effective for three months following application approval date.

Services eligible under this policy will be made available to the patient on a sliding fee scale, in accordance with financial need, as determined in reference to Federal Poverty Guidelines (FPG) in effect at the time of the determination. Once a patient has been determined by Cass Health to be eligible for financial assistance, that patient shall not receive any future bills based on undiscounted gross charges. The basis for the amounts Cass Health will charge patients qualifying for financial assistance are as follows:

1. Patients whose family income is at or below 200% of the FPG are eligible to receive free care.
2. Patients whose family income is above 200% but not more than 300% of the FPG are eligible to receive services at a discounted amount.
3. Patients whose family income exceeds 300% of the FPG may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances at the discretion of Cass Health; however the discounted rates shall not be greater than the amounts generally billed to (received by the hospital for) commercially insured or Medicare patients.
4. The eligibility criteria for Patient Financial Assistance are also outlined on the attached application. This information, along with the Federal Poverty Guidelines will be provided to any person inquiring about financial assistance, and also constitutes part of this policy.



Application For Financial Assistance

It is the policy of Cass Health to provide essential services regardless of the patient's ability to pay. Cass Health offers discounts based on family size and annual income. Discounts only apply to medically necessary services and do not apply to services rendered by independent physicians or practitioners that are not employed by Cass Health. This includes but is not limited to visiting specialists, anesthesiologists, radiologists, and pathologists. For questions call (712) 250-8041 or email financialcounseling@casshealth.org

Name _____ Address _____ City, State, Zip _____ Telephone (_____) _____ Date of Birth _____	Do you have health insurance or other coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Company _____ Policy _____ Is your medical care related to a car accident or work injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment History

Name of your employer	
Month & year of hire	
Name of spouse's employer	
Month & year of hire	

List all household members below. Circle yes or no to indicate if you claim this individual as a dependent.

Name	Relationship	Date of Birth	Dependent
			YES or NO

How can we be of assistance to help you explore options to obtain health care coverage? *Applications for assistance are not based on insurance status or participation in the Health Insurance Marketplace.* _____

Attach copies of your household financial data. To verify income please provide copies of the following:

- Most recent income tax return
- Check stubs from current job or unemployment compensation from the last three months
- Bank statements from the last three months (optional)
- Social Security award letter

Check all your sources of income.

<input type="checkbox"/> Wages <input type="checkbox"/> Farm or Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Military Family Allotments	<input type="checkbox"/> Pension or retirement income <input type="checkbox"/> Dividends, Interest, Rents <input type="checkbox"/> Public Assistance _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> No Income /Date Last Worked _____ Expected Return to Work _____
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I affirm that the information reported in this application for financial assistance is true and correct to the best of my knowledge. I authorize the verification of any reported information on this application by Cass Health. I understand that eligibility for discount is based on income and family size and no other factors (e.g. assets, insurance status, participation in the Health Insurance Marketplace, citizenship, population type. Social Security Number and Assets Resources section is optional for patients of the emergency room and outpatient clinics.

Signature of Applicant

Date

Mail, fax, or email your application with all supporting income documentation to Cass Health Attn: Patient Financial Advisor, 1501 East 10th Street, Atlantic, IA 50022, Fax (866) 298-3709, or Email financialcounseling@casshealth.org. We will notify you of the final determination of eligibility within 14 calendar days of receiving a completed financial assistance application.