

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.

Language Assistance

If you speak a language other than English, language assistance services are available to you free of charge. For more information, visit cashealth.org/patients/helpful-documents or scan the QR code for our Point to Your Language guide.



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

Size of Family Unit	Federal Poverty Level	>= 200% of poverty level	210%	220%	230%	240%	250%	260%	270%	280%	290%	300%
1	\$ 15,960.00	\$ 31,920.00	\$ 33,516.00	\$ 35,112.00	\$ 36,708.00	\$ 38,304.00	\$ 39,900.00	\$ 41,496.00	\$ 43,092.00	\$ 44,688.00	\$ 46,284.00	\$ 47,880.00
2	\$ 21,640.00	\$ 43,280.00	\$ 45,444.00	\$ 47,608.00	\$ 49,772.00	\$ 51,936.00	\$ 54,100.00	\$ 56,264.00	\$ 58,428.00	\$ 60,592.00	\$ 62,756.00	\$ 64,920.00
3	\$ 27,320.00	\$ 54,640.00	\$ 57,372.00	\$ 60,104.00	\$ 62,836.00	\$ 65,568.00	\$ 68,300.00	\$ 71,032.00	\$ 73,764.00	\$ 76,496.00	\$ 79,228.00	\$ 81,960.00
4	\$ 33,000.00	\$ 66,000.00	\$ 69,300.00	\$ 72,600.00	\$ 75,900.00	\$ 79,200.00	\$ 82,500.00	\$ 85,800.00	\$ 89,100.00	\$ 92,400.00	\$ 95,700.00	\$ 99,000.00
5	\$ 38,680.00	\$ 77,360.00	\$ 81,228.00	\$ 85,096.00	\$ 88,964.00	\$ 92,832.00	\$ 96,700.00	\$ 100,568.00	\$ 104,436.00	\$ 108,304.00	\$ 112,172.00	\$ 116,040.00
6	\$ 44,360.00	\$ 88,720.00	\$ 93,156.00	\$ 97,592.00	\$ 102,028.00	\$ 106,464.00	\$ 110,900.00	\$ 115,336.00	\$ 119,772.00	\$ 124,208.00	\$ 128,644.00	\$ 133,080.00
7	\$ 50,040.00	\$ 100,080.00	\$ 105,084.00	\$ 110,088.00	\$ 115,092.00	\$ 120,096.00	\$ 125,100.00	\$ 130,104.00	\$ 135,108.00	\$ 140,112.00	\$ 145,116.00	\$ 150,120.00
8	\$ 55,720.00	\$ 111,440.00	\$ 117,012.00	\$ 122,584.00	\$ 128,156.00	\$ 133,728.00	\$ 139,300.00	\$ 144,872.00	\$ 150,444.00	\$ 156,016.00	\$ 161,588.00	\$ 167,160.00
Each additional family member, add	\$ 5,680.00	\$ 11,360.00	\$ 11,928.00	\$ 12,496.00	\$ 13,064.00	\$ 13,632.00	\$ 14,200.00	\$ 14,768.00	\$ 15,336.00	\$ 15,904.00	\$ 16,472.00	\$ 17,040.00
Eligible Discount		100%	90%	80%	70%	60%	50%	40%	30%	20%	10%	0%

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.

