

**BCMh Family Care Clinics**

Adrian Family Care Clinic
High Street Family Care Clinic
Nursery Street Family Care Clinic
Rich Hill Family Care Clinic

Billing & Financial Services Department

615 W. Nursery
PO Box 370
Butler, MO 64730
Phone: 660-200-7312
Fax: (660)200-7021

Bates County Memorial Hospital (BCMh) provides financial assistance for medically necessary services per our policy guidelines in the hospital setting, surgical clinic and outpatient specialty clinics **only to residents of Bates County**. Family Care Clinics, as rural health clinics, have no geographical restrictions.

BCMh uses the current federal poverty guidelines and family size as a basis for determining the eligibility for financial assistance.

> **A \$20.00 Co-pay is due at time of service at these locations: Outpatient Specialty Clinic, FCC Adrian, FCC Nursery Street, FCC High Street, FCC RICH HILL and BCMh Surgical Clinic.**

> **A \$50.00 Co-pay is due for Emergency Room visits.**

List of Documents needed to process application: (Any documents altered will not be accepted)

- 1.) Payroll check stubs – copies of last three months.
 - a. If you do not receive check stubs, please submit the past three months of bank statements.
 - b. If you do not receive check stubs, please submit a written notice signed and dated from your employer with earnings information.
- 2.) Copies of any of the following that apply:
 - a. Social Security Income, disability Income, unemployment income, or other income such as dividends, interest, rental income, child support, etc.
- 3.) Written statement from applicant describing current financial/employment situation ***(required)**.
- 4.) Last year's tax returns **may be requested for you to provide at a later date**.
- 5.) Bank statements – copies of last three months.

We Must Receive All Requested Documents In Order To Complete Your Application.

Once all documentation is received, applications are processed within 30 days. Once your application is processed you will receive a determination letter in the mail. If approved, your assistance will be applied to any current outstanding balances. This approval will be valid for 6 months from the date you signed the application. If you are denied you may reapply at any time.

We will do our very best to apply the financial assistance to your accounts. If you receive a statement or phone call in regards to services that you feel should have been covered, please contact us as soon as possible.

As a courtesy, Alliance Radiology and Electric City Emergency Physicians honor BCMh financial assistance policy. **You need to fax or mail them a copy of your approval letter along with their statement.**

If you have questions, please contact us at 660-200-7312.

Sincerely,

BCMh Patient Accounts