

Plain Language Summary of
Mission Regional Medical Center Financial Assistance Policy

Eligibility: Mission Regional Medical Center offers reduced or no charge services for emergency and other medically necessary care for individuals eligible under our Financial Assistance Policy. Eligibility is based on the Hospital's Financial Assistance Policy, which includes using the Federal Poverty Level guidelines, number of dependents, and gross annual income along with supportive income documents.

Income Guidelines: If meeting the Hospital's Financial Assistance Policy requirements, uninsured or underinsured patients with family income below 200% of the current Federal Poverty Level and less than \$10,000 in monetary assets will qualify for a 100% discount on their qualifying Hospital services. Patients with family income greater than 200% but less than 400% of current Federal Poverty Level, less than \$10,000 in monetary assets and excessive medical costs, and insured patients with family income less than 400% of current Federal Poverty Level and excessive medical costs, may qualify for partially discounted care and extended payment plans. Patients eligible for financial assistance will not be charged more than the amount generally billed for emergency or other medically necessary care to individuals having insurance coverage.

For More Information: The full Financial Assistance Policy and a Financial Assistance Application Form are available at our website, www.missionrmc.org, or by mail at no charge by calling 956-323-1800. Paper copies may be also obtained in person from our Billing Office at 900 S. Bryan Rd., Mission, TX, 78572. Applications are available in non-English languages spoken by large segments of the community. For further questions or assistance in completion of the Financial Assistance Application, please call our Billing Office at 956-323-1800.