

**Ouachita County Medical Center
Financial Assistance Policy**

Plain Language Summary

OCMC will provide emergency and medically necessary medical care to all acutely ill persons regardless of insurance status or ability to pay.

The Ouachita County Medical Center (OCMC) Financial Assistance Policy exists to provide eligible patients partially or fully-discounted emergency or medically necessary care. Patients seeking financial assistance must apply for the program.

How to Apply:

Financial Assistance applications may be obtained as follows:

- OCMC’s registration (admissions) offices
- OCMC’s Business Office
- Request to have an application mailed to you by calling 870-836-1000
- Request an application by mail at:
 Ouachita County Medical Center
 Attn: Financial Counselor
 P.O. Box 797
 Camden, AR 71711
- Download an application from the OCMC website: www.ouachitamedcenter.com
- From community organizations, such as the Christian Health Center

Determination of Financial Assistance Eligibility:

Generally, patients are eligible for Financial Assistance based on their income level and assets. OCMC utilizes a sliding scale based on the Federal Poverty Guidelines (see chart below). Eligible patients will not be charged more for emergency or medical necessary care than Amounts Generally Billed (AGB) than those patients who have insurance.

	PERCENT OF POVERTY GUIDELINE										
	100%	120%	133%	135%	140%	145%	150%	175%	185%	200%	250%
% of Financial Assistance	100%	100%	100%	95%	90%	85%	80%	75%	70%	70%	70%
% of charges Patient Responsible	0%	0%	0%	5%	10%	15%	20%	25%	30%	30%	30%