

financial assistance policy plain language summary

Understanding Ivinson's Financial Assistance Policy

This summary is a brief, plain language overview of that policy. For detailed information please refer to the policy in full available [on our website](#).

Ivinson Memorial Hospital's financial assistance program is designed to assist patients who may not have the ability to pay their hospital bill(s).

Where to find more information

The policy and application are available:

- For download at: <https://www.ivanhospitals.org/financial-assistance>
- Anywhere patients check in at Ivinson.
- By calling the Business Office at 307-755-4380.
- By asking the Business Office to mail a copy free of charge.
- By visiting the Business Office just off the West Atrium, through entrance 4 at the address:

255 North 30th Street
Laramie, WY 82072

For help understanding the policy, or completing an application, contact our financial counselor at 307-755-4389, or by visiting the Business Office.

What is the Aim?

Ivinson Memorial Hospital provides free or reduced-cost care to certain patients who meet the guidelines. Ivinson strives to ensure that the financial capacity of persons who need health care services does not prevent them from seeking or receiving proper care.

health elevated.



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Policy

IMH helps patients who cannot afford to pay all or part of their medical bills access emergency and necessary medical care.

Financial assistance policy eligible patients will never be charged more than Amounts Generally Billed.

Procedures

1. Patients apply for Financial Assistance.
2. IMH reviews applications, considering income, assets, and previous payment history.
3. Approval or denial is decided by financial counselors, directors, and the CFO.
4. Patients are notified within 30 days.

Eligibility Criteria

- Based on financial need, not age, race, or other factors.
- Factors include income, family size, and assets.
- Liquid assets thresholds apply: \$8,000 for individuals, \$15,000 for families.
- Patients with assets over the threshold may not qualify.
- Must have balance over \$1500 (\$500 for Downtown Clinic established patient)
- Must live within Albany County (or meet exception criteria)
- Not applicable to copay, coinsurance, or deductibles left by insurance

Assistance for Students

- Students are not eligible for Financial Assistance but can get an interest-free payment plan.
- Verification of enrollment is required each semester.

Communication

- Information about Financial Assistance is shared widely, including on bills and in public areas.
- Referrals can be made by any IMH staff member.

Relationship to Collection Policies

- IMH considers Financial Assistance eligibility when pursuing payment.
- Extraordinary collection actions are avoided if a patient may be eligible for Financial Assistance.

