

**Kingman Healthcare, Inc.**  
**Summary of Financial Assistance Policy**

Kingman Healthcare, Inc.'s Mission is to inspire and partner with our community to achieve optimal health – Mind, Body and Spirit. KHI is dedicated to creating healthier communities by providing financial assistance to persons who have health care needs and are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay. This Summary describes the financial assistance available to help pay for medically necessary services provided by Kingman Regional Medical Center to those patients who meet certain income requirements.

**Free Care:**

- If you are uninsured or underinsured with a family income of up to 150% of the Federal Poverty Level, you may be eligible to receive a 100% discount from your balance for eligible hospital services.

**Discounted Care:**

- If you are uninsured or underinsured with an annual family income between 150 - 350% of the Federal Poverty Level, you may be eligible to have your balance for hospital services reduced to the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amount that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services.

**Eligibility:**

Assistance is offered to those whose annual family income falls within the categories above and have:

- an account balance totaling ten (\$10.00) dollars or more;
- cooperated with efforts to exhaust all other payment options; and
- completed a Financial Assistance Application and provided supporting documentation to verify income.

NOTE: In some cases, patients may be given financial assistance without a formal application. Details are outlined in the Financial Assistance Policy.

**Fees charged patients eligible for financial assistance:**

If you are eligible for financial assistance under our Financial Assistance Policy, you will not be required to pay more than the Amount Generally Billed described above.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

**Next Steps:**

Complete the application and submit it to Patient Financial Services. The Financial Assistance Policy, Financial Assistance Application, and this Summary are available on our web page in both English and Spanish. To receive a free copy of these documents by mail or in person, to receive help completing the application, or to request a free copy of these documents translated into a language not described above, please contact:

Kingman Regional Medical Center  
Patient Financial Services  
3269 Stockton Hill Rd.  
Kingman, AZ 86409  
Phone: (928) 757-2101  
email: [billing@azkrmc.com](mailto:billing@azkrmc.com)

These documents are also available in the Emergency Room and admissions areas of the hospital located near the main entrance. Financial counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the Financial Assistance Application process. Our staff is located in the hospital's Admitting and Patient Financial Services areas and can be reached at the telephone number listed above.