

Financial Assistance Guidelines

General Information

Mary Greeley Medical Center is committed to providing quality healthcare services to all who reside in our service area regardless of ability to pay. To assist those in financial need, we have Financial Counselors available to facilitate our financial assistance application process. The following information provides an overview of our financial assistance guidelines. You may request a copy of our financial assistance application by calling (515) 239-2111 or go to www.mgmc.org and print an application.

- Applications for financial assistance must be submitted by within (1) 365 days from the date of service or (2) 240 days from the initial post-discharge bill.
- To be eligible for assistance, you must first meet the income and asset requirements as established by Mary Greeley Medical Center. Please see the section entitled Income Requirements.
- You are responsible for providing all required information requested by our Financial Counselor within the application period. If you fail or refuse to furnish the requested information in the time requested, we will not be able to extend financial assistance. We will verify income and other financial information by using financial statements, tax returns, bank statements, other documents and phone verification.
- If patient was claimed on his/her parent(s) tax returns for the prior year, the financial assistance application must be completed with the patient and parent(s) financial information.
- Any misrepresentation or falsification of facts made by you in order to qualify for financial assistance will be cause for denial. If you are granted financial assistance and we find material provision(s) of the application to be untrue, the financial assistance will be withdrawn.
- Assistance may not be granted if:
 - A hospital stay, or portions of stay, do not meet the medical necessity guidelines for hospitalization.
 - Any portion of an account is still payable by any third party.
 - The patient has medical/health insurance but seeks treatment at Mary Greeley Medical Center when Mary Greeley Medical Center is not a preferred provider.
 - Procedure is cosmetic.
- We have processes in place to quickly determine your eligibility. We will attempt to notify you in writing of approval or denial within 30 working days of receipt of

a completed application. Notifications of denial will be accompanied by reasons for ineligibility.

- The approval of assistance is honored for 180 days beginning the date the application is approved. Applications for financial assistance may cover all legal dependents in the immediate family, providing all names, birthdates, and social security numbers are listed on the application.
- Following our privacy law guidelines, patients over the age of 18 are considered to be their own guarantor. If there are multiple guarantors in a household, please note this on the application so all eligible services can be identified.
- Mary Greeley Medical Center's financial assistance program covers qualifying outstanding balances at Mary Greeley. You may be billed separately by your physician, radiologist, pathologist, anesthesiologist, and other care providers. You will need to contact their offices directly for assistance with statement or balance questions.

Income Requirements

You receive full financial assistance if your gross household income is at or below 200% of the federal poverty guidelines (published in the Federal Register yearly). If your income is between 201% - 400% of the federal poverty guidelines, you may qualify for financial assistance on a sliding fee scale.

Presumptive Eligibility

Patients who meet presumptive eligibility criteria may be granted Financial Assistance without completing the Financial Assistance Application. Please contact one of our Financial Counselors at 515-239-2111 or financialcounselors@mgmc.com to let them know if you receive benefits from the Supplemental Nutrition Assistance Program (SNAP), Women Infants and Children Program (WIC), or are enrolled in a Medicaid program.

Catastrophic Medical Assistance

This category assists those with catastrophic healthcare bills who have exhausted insurance benefits or who exceed the income requirements. If in any given three (3) month rolling window, your medical bills exceed 20% of your gross household income plus assets for the year, your bill may be eligible to be reduced. Please call our Financial Counseling Office at (515) 239-2111 for specific information about this option.

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Mary Greeley
MEDICAL CENTER

MARY GREELEY MEDICAL CENTER
1111 DUFF AVE., AMES, IOWA 50010
515-239-2111 • WWW.MGMC.ORG