

Financial Assistance Plain Language Summary

In keeping with its mission, Hill Country Memorial Hospital is dedicated to providing remarkable healthcare to the patients we serve. As part of that commitment, Hill Country Memorial acknowledges the financial needs of patients and families who are unable to afford the charges associated with the cost of medical care and offer financial assistance to those who have an established need to receive medically necessary medical services. Regardless of whether an individual is eligible for Financial Assistance, emergency medical care is provided on a non-discriminatory basis.

For patients in need of financial assistance or who experience temporary financial hardship, Hill Country Memorial offers several assistance and payment options, including charity, discounted care, and payment plans.

Applying for Financial Assistance

Patients wishing to apply for financial assistance may submit an application and supporting documentation to the Financial Counselor, Patient Account Representative or the Patient Accounts office. The Financial Assistance Application may be found on the Hospital's website. Alternatively, printed copies of the Hospital's Financial Assistance Policy or its Plain Language Summary may be obtained at no extra cost by visiting or calling the Financial Counselor, any Hospital Registration area; or, the Patient Accounts Office.

Calculation of Free or Discounted Care

| Program | Available To | Description | How to Apply |
|-------------------------------------|--------------------------------|---|---|
| Financial Assistance | Uninsured and Insured Patients | Offers free care to families based upon family size and income less than 300% of Federal Poverty Guideline | Complete Financial Assistance Program Application |
| Uninsured Self Payor | Uninsured Patients Only | Offers reduction of either 33% or 62% to families based upon their uninsured status, ability to pay in full or establish payment arrangement | Discount of 33% is eligible with established payment plan, partial payment, or if paid in full after 45 days Discount of 62% is eligible with Payment in full at time of service |
| Financial Assistance - Catastrophic | Uninsured Patients Only | Limits out-of-pocket costs when medical debts specific to medical care at Hill Country Memorial Hospital exceeds 50% of the family's gross income | Complete Financial Assistance Program Application |
| Payment Plan Program | Uninsured and Insured Patients | Assists patients with their financial obligation by establishing payment arrangements | Contact a Patient Account Representative at (830)997-1260 |

Notification

In an effort to make our patients, families and the broader community aware of the Hospital's Financial Assistance program, the Hospital has taken a number of steps to widely publicize this policy including posting legible signage, making available on our website, and development of this Plain Language Summary. If you need additional information or have questions, please contact the Financial Counselor or Patient Accounts office at:

Financial Counselor
Hill Country Memorial Hospital
1020 S State Hwy 16
Telephone: (830) 997-1428
Fredericksburg, TX 78624
Website: www.hillcountrymemorial.org

Patient Accounts/Business Office
Hill Country Memorial Hospital
1006 S State Hwy 16, Suite H
Telephone: (830) 997-1260
Fredericksburg, TX 78624
Website: www.hillcountrymemorial.org

