

Financial Assistance Policy

At West Ascension Parish Hospital, we are committed to providing compassionate, high-quality care to all patients, regardless of their financial situation. This Financial Assistance Policy Plain Language Summary explains how eligible patients may receive free or discounted care for emergency and other medically necessary hospital services provided by West Ascension Parish Hospital.

Important: This summary is intended to explain the Hospital's Financial Assistance Policy in plain language. It does not replace the full Policy. Free copies of the full Policy, application, provider list, and this summary are available upon request and at www.westaph.org.

Services Covered by This Policy

This Policy applies to eligible emergency and other medically necessary hospital services provided by West Ascension Parish Hospital. Financial assistance is not intended to apply to services that are not medically necessary, elective services not approved under the Policy, or other services excluded by the full Policy.

Provider Notice: Services provided by certain contracted, independent, or non-hospital physicians or providers may not be covered under this Policy. A list of providers covered and not covered by the Policy is available upon request and on the Hospital's website.

Who May Qualify for Financial Assistance?

Financial assistance is based on household income, household size, insurance status, and applicable medical expenses. Patients who are uninsured, underinsured, or unable to pay for eligible hospital services may apply.

Category	Eligibility Criteria	Potential Assistance Available
Financially Indigent Patients	Uninsured or underinsured patients with household income at or below 200% of the Federal Poverty Level (FPL).	100% discount of eligible hospital charges.
Medically Indigent Patients	Patients whose unpaid medical bills from any provider within the past 6 months exceed 20% of annual household income.	Patient responsibility may be limited to up to 20% of annual household income for medical bills; the remaining eligible balance may be waived, subject to Policy review.
Household Income Between 201% and 400% of FPL	Uninsured or underinsured patients with household income between 201% and 400% of the Federal Poverty Level.	Sliding-scale discount based on household income and household size, as described in the full Policy.

Limitation on Charges for Eligible Patients

Patients who are approved for financial assistance will not be charged more for emergency or other medically necessary hospital care than the amounts generally billed to individuals who have insurance coverage for such care. The Hospital will not use gross charges as the amount a FAP-eligible patient is personally responsible for paying for emergency or other medically necessary care covered by this Policy.

Emergency Medical Care

West Ascension Parish Hospital provides care for emergency medical conditions without discrimination and regardless of whether a patient is eligible for financial assistance. The Hospital will not engage in actions that discourage individuals from seeking emergency medical care.

How to Apply for Financial Assistance

Applying for financial assistance is simple and confidential. Patients may apply by completing the Financial Assistance Application and submitting requested supporting documents.

1. Obtain a free copy of the Financial Assistance Policy, Plain Language Summary, application, and provider list online at www.westaph.org or in person at the Admissions Desk, Emergency Department, or Patient Financial Services.
2. Complete the Financial Assistance Application.
3. Submit the completed application with requested supporting documentation to Patient Financial Services.
4. The Hospital will review the application and notify the patient of the determination or request additional information if needed.

Where to Submit the Application

In Person or By Mail:

West Ascension Parish Hospital
Attn: Patient Financial Services
301 Memorial Drive
Donaldsonville, LA 70346

Online or By Request:

Visit www.westaph.org to download the Policy, application, and provider list. Printed copies are available free of charge upon request.

Information That May Be Requested

The Hospital may request documentation to verify household income, household size, insurance status, and medical expenses. Examples may include, but are not limited to:

- Recent pay stubs or wage statements
- Most recent federal income tax return, if available
- Social Security, disability, unemployment, or other benefit statements
- Proof of household size or dependents
- Insurance information, denial letters, or explanation of benefits
- Medical bills from this Hospital or other providers

The Hospital may consider other information when standard documents are unavailable. Patients should contact Patient Financial Services if they need help completing the application or gathering documents.

Billing and Collection Protections

The Hospital will make reasonable efforts to determine whether an individual is eligible for financial assistance before engaging in extraordinary collection actions, consistent with applicable law and the Hospital's billing and collection practices. Patients are encouraged to apply as early as possible, but assistance may still be available after billing has begun.

Need Help or Have Questions?

For questions about the Financial Assistance Policy, help completing the application, or to request a free copy of the Policy, application, provider list, or Plain Language Summary, please contact:

Patient Financial Services
West Ascension Parish Hospital
301 Memorial Drive
Donaldsonville, LA 70346
Phone: 225-474-2191
Website: www.westaph.org

Language Assistance and Translations

Translated copies of this summary, the full Financial Assistance Policy, and the application are available in Spanish upon request from Patient Financial Services. Additional language assistance may be available upon request, consistent with applicable language-access requirements and the needs of the community served by the Hospital.

Availability of Free Copies

Free copies of the Financial Assistance Policy, Plain Language Summary, application, and provider list are available:

- On the Hospital website at www.westaph.org
- At the Admissions Desk
- In the Emergency Department
- Through Patient Financial Services
- By mail upon request at no charge