



Petersburg Medical Center

103 Fram Street
PO Box 589
Petersburg, Alaska 99833

Phone: 907-772-4291
Fax: 907-772-3085

Financial Assistance Policy Summary

Petersburg Medical Center is committed to the provision of health care services to all persons in need of medical attention regardless of the ability to pay. This Charity Policy establishes criteria for discounts from billed charges to those persons whose income or resources are insufficient to pay for services provided to them.

In keeping with its mission, Petersburg Medical Center (PMC) strives to treat all patients equally, with dignity and respect, to serve the emergency healthcare needs of the community, to assist patients who cannot afford to pay, and to widely publicize the availability of its Financial Assistance Policy. This summary provides a brief overview of the Financial Assistance Policy.

ELIGIBLE SERVICES: PMC provides free or discounted care for emergency or medically necessary services to patients who meet the eligibility requirements.

Please Note: Petersburg Medical Center is committed to the provision of health care services to all persons in need of medical attention regardless of the ability to pay. Petersburg Medical Center does not discriminate in the provision of services to an individual based on: the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. This Charity Policy establishes criteria for discounts from billed charges to those persons whose income or resources are insufficient to pay for services provided to them. All services billed by the Petersburg Medical Center, including but not limited to inpatient, outpatient, emergency, physician and clinic services are covered by the hospital's Financial Assistance Policy. Asset testing and other items not related to income or family size will not be applied.

HOW TO APPLY: Financial Assistance applications may be obtained/completed/submitted as follows:

- Obtain a free copy of the Financial Assistance Policy, Summary, and application at the PMC Patient Registration or Emergency Department areas at 103 Fram Street Petersburg, AK 99833.
- Request to have an application mailed to you by calling 907-772-4291.
- Request an application by mail at PO Box 589 Petersburg, AK 99833.
- Download an application at the Petersburg Medical Center website – <https://www.pmcak.org/>
- Mail completed applications (with all documentation/information specified in the policy) to PO Box 589, 103 Fram Street, Petersburg, AK 99833

DETERMINATION OF FINANCIAL ASSISTANCE ELIGIBILITY: Generally, patients are eligible for financial assistance based on their income level and assets. Note: Asset testing and any other items not related to income and family size, are not applied. The Charity Policy applies to self-pay balances after all third party and personal resources have been exhausted. A Medicaid application is required to be concurrently completed with most charity applications.

PMC Patient Financial Advocates are available to provide assistance with the Financial Assistance application process. Please visit their offices on the lower level of 103 Fram Street or call 907-772-4291 to make an appointment. Please know that we will treat your questions and any information you provide us with confidentiality and courtesy. **For questions, please call the Patient Financial Advocates at 907-772-4291, Mon-Fri 8am-5pm AKST.**