

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. Applicants will not be charged more than the amounts generally billed (AGB) for emergency or other medically necessary care provided to individuals with insurance covering that same care.

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 service to patients who meet the eligibility requirements. All services billed by PMC, including but not limited to, inpatient, outpatient, emergency, physician, and clinic services are covered by the hospital's Financial Assistance Policy. Providers billed separately, not by PMC, are excluded from this policy. No PMC credentialed physicians are excluded from this policy.

Please Note: PMC is committed to the provision of health care services to all persons in need of medical attention regardless of the ability to pay. PMC 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 Financial Assistance 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 PMC, 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 PMC Patient Registration, Emergency Department, or Patient Financial Services areas at 103 Fram Street, Petersburg, AK 99833.
- Request to have an application mailed to you by calling 907-772-4291.
- Download an application at the PMC website https://www.pmcak.org/
- Completed applications (with all documentation/information specified in the policy) can be mailed to PO Box 589, Petersburg, AK 99833, dropped off at 103 Fram Street, or emailed to: financialservices@pmc-health.org.

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 Financial Assistance 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 Financial Assistance applications.

PMC Financial Advocates are available to support applicants 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.